State of Arkansas Department of Finance and Administration Income Tax Administration



Tax Year - 2004

Electronic Filing Test Package (Filing Season Beginning 01-01-2005)

CONTACT PERSONNEL

These contacts are for ERO's only. DO NOT give these phone numbers to Taxpayers.

Technical Assistance

Dan Brown, E-File Manager

(501) 682-7070

Fax: (501) 682-7393

E-Mail Address: Dan Brown@rev.state.ar.us

Caroline Glover, E-File Supervisor

(501) 682-7925

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E-Mail Address: <u>Caroline.Glover@rev.state.ar.us</u>

Return Assistance

Susan Willis, E-File Service Representative

(501) 682-7361

Fax: (501) 682-7393

E-Mail Address: Susan.Willis@rev.state.ar.us

Joann Hill, E-File Service Representative

(501) 682-7112

Fax: (501) 682-7393

E-Mail Address: <u>Joanne.Hill@rev.state.ar.us</u>

Katrina Martin, E-File Service Representative

(501) 682-7075

Fax: (501) 682-7393

E-Mail Address: <u>Katrina.Martin@rev.state.ar.us</u>

Refund Assistance

Barbara Rowell, Support Representative

(501) 682-7925

Fax: (501) 682-7393

E-Mail Address: <u>Barbara.Rowell@rev.state.ar.us</u>

ARKANSAS TEST CASE # 1

FORMS REQUIRED: AR1000F, AR1000-CO, W-2

OTHER: Clair	med on Parents Return		
THIRD PART	Y DESIGNEE: Yes		
TAXPAYER:	NAME: Test N Ertia OCCUPATION: Student DISABLED: No	DOB: May 13, 1989 BLIND: No	SSN: 400-00-5501 DEAF: No
SPOUSE:	NAME: DOB: OCCUPATION: DISABLED:	SSN: BLIND:	DEAF:
ADDRESS:	215 Laid Back Way Lazy Point, AR 71655		
FILING STAT	US: Single		
DEPENDENT((S): NAME	AGE	RELATIONSHIP
INTEREST IN DIVIDEND IN			
DIRECT DEPO BANK NAME: RTN: ACCOUNT NU TYPE:	:		

a Control number		OMB No. 15	545-0008	Safe, a	accurate, Use	IRS	≁ ¶		Visit the IRS at www.irs.ç	
b Employer identification number	11-	6321571		1 Wa	ages, tips, c	other compositions of the composition of the compositions of the c	ensation	2 Fed	eral income t 300	tax withheld
c Employer's name, address, and				3 Sc	ocial secur	ity wages 235		4 Soc	ial security to	
LOAFERS SANDWICH S 14A LOAFERS LAND LAZY POINT NY 11930				5 Me	edicare wa	ages and t	ips	6 Med	dicare tax wit	hheld
				7 Sc	ocial secur	ity tips		8 Allo	cated tips	
d Employee's social security number		00-00-5501		9 Ac	dvance EIC	payment		10 Dep	endent care	benefits
e Employee's first name and initia	Last name			11 No	onqualified	l plans		12a See	instructions	for box 12
TEST N ERTIA				13 Statut	ory Ret		hird-party sick pay	12b		
215 LAID BACK WAY					, [Ī		o d		
LAZY POINT AR 71655				14 Ot	her			12c		
								12d		
f Employee's address and ZIP co	de									
15 State Employer's state ID num AR 11-632157		ate wages, tips, etc. 8235	17 State incom 100	ne tax	18 Local	wages, tip	s, etc.	19 Local in	come tax	20 Locality name
11-632157	1									

Wage and Tax Statement



Department of the Treasury-Internal Revenue Service

2	20	04 AR1000 ARKANSAS INI	DIVIDUAL INC <mark>sident</mark>	OME TAX RETURN Dept. Use Only				F		
Jan		Dec 31, 2004 or fiscal year ending		•	Lyoup cooks					
	FIRS	T NAME(S) AND INITIAL(S) (List both if applicable)	LAST NAME(S) (See Instructions)	YOUR SOCIAL S	ECC	JRITY NUMBER			
ш	• 1	EST N	• ERTIA		• 400-00-5501					
Ϊ두	PRE	SENT ADDRESS - NUMBER AND STREET, APARTMEN	T OR RURAL RO	UTE	SPOUSE SOCIAL SECURITY NUMBER					
USE LABEL	•	215 LAID BACK WAY			•					
	CITY	, TOWN OR POST OFFICE, STATE AND ZIP CODE					You MUST			
	•	LAZY POINT AR	71655		IMPORTA	NT	enter your SSN(s) above	•		
	1. •	SINGLE (Or widowed before 2004 or divorced at end	l of 2004)	4. ● ☐ MARRIED FIL	ING SEPARATELY ON	ТНЕ	SAME RETURN			
FILING STATUS Check Only One Box	2. •	MARRIED FILING JOINT (Even if only one had inco	me)	5. ● ☐ MARRIED FIL	LING SEPARATELY ON I	DIFF	ERENT RETURNS	;		
NG ST Only	3. ●	HEAD OF HOUSEHOLD (See Instructions)		Enter spouse's	s name here and SSN ab	ove				
Check		If the qualifying person is your child but not your dependenter this child's name here:	WIDOW(ER) with deperdied:(See Instructions)							
	HAV	E YOU FILED A FEDERAL EXTENSION? ● ☐ Check to Federal	his box if you have Extension Form 4	e filed an automatic 868. (See Instr.)	Check this box if you have extension to file, Federal	e an Form	approved addition 2688. (See Instr.)	al		
_	7A.	▼ YOURSELF • ☐ 65 or OVER • ☐ 65 SPECIA	L • 🔲 BLIND		EAD OF HOUSEHOLD/					
CREDITS		SPOUSE ● 65 or OVER ● 65 SPECIA	L ● □ BLIND	Ql ● □ DEAF	JALIFYING WIDOW(ER))				
CRE			_	_		20	20	00		
SONAL	7B.	First name(s) of dependents: (Do not list yourself or spouse)	Multiply	number of boxes checked for number of dependents from	rom Line 7A	20 = 20 =		00		
RSO	7C.	First name of developmentally disabled individual(s): (See	Instr.) Multiply	number of developmentally	disabled			00		
PER	7D .	TOTAL PERSONAL CREDITS: (Add Lines 7A, 7B and 7C.	individu	als from Line 7C	● ∐ X \$5	7D=	20	00		
_	70.	TOTAL I ENGONAL ONEDITO. (Add Lines TA, TD and TO.	. Liner total nere t	and on Line 44)	(A) Your/Total		(B) Spouse Incom	00 1 e		
		ROUND ALL INCOME FIGURES TO WHOLE DO	OLI ARS		` '		Status 4 Only			
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	39.	Combined tax: (Add amounts fr				_		_				41 0	-
	40.	Income Tax Surcharge: (Multiply		,								10	_
	41.	Enter tax from Lump Sum Distr										0	
	42.	IRA and qualified plan withdraw										0	0
	43.	TOTAL TAX: (Add Lines 39 th									-	42 0	0
	44.	Personal Tax credit: (Enter total					20	_					_
	45.	State Political Contributions cre-						00	1				
s	46.	Other State Tax credit: [Attach a	a copy of other state tax	return(s)]		. 46 ●		00					
CREDITS	47.	Child care credit: (Attach Feder	ral Form 2441 or 1040A,	Sch. 2, 20% of Fed	deral credit allowed) 47 ●		00					
CRE	48	Credit for adoption expenses: (/	Attach Form 8839)			48 ●		00					
TAX	49.	Phenylketonuria Disorder credit	t: (See Instructions. Attac	ch AR1113)		. 49 ●		00					
-	50.	Business and Incentive Tax cre	dit: (Attach schedule and	d certificate)		. 50 ●		00	╛.				
	51.	TOTAL CREDITS: (Add Line	es 44 through 50)						51●			20 0	
	52.	NET TAX: (Subtract Line 51 fr							. 52 ●			22 0	0
	53.	Arkansas Income Tax withheld:	•				100	00	4				
13	54.	Estimated tax paid or credit bro						00	4				
Ä	55.	Payments made with extension	: (See Instructions)			55 ●		00	4				
PAYMENT	56.	Early childhood program: Certif				-		l					
_		(Attach Fed. Form 2441 or 1040)				_		00	J ,			0010	_
	57.	TOTAL PAYMENTS: (Add L										00 0	
ш	58.	Amount of overpaymi						_	- ·			78 0	<u>J</u>
DOE	59.	Amount to be applied to 2005 e Amount of Checkoff Contribution				_	68	00	-				
ΤΑΧ	60. 61.	AMOUNT TO BE REFUND						_		\odot		То	_
8	62.	AMOUNT DUE: (If Line 57 is le										0	-
Σ	62A.	Attach Form AR2210: Enter Ex		_		0		OL.	02	0			_
REFL		Please attach your check or mo					_					\neg	-
Œ		penalty (if applicable) due. Be s	•	•	•			JE6	32C •			lo	0
	63.	Amount of income not subject to	•	•	•		May the Ar	kan	sas F	Revenue	= x	Yes	_
		·					Agency disc	uss	this re	turn with	101		
							the prepare	sh	own b	elow?		No	
	PL	EASE SIGN HERE: U	nder penalties of pe	riurv. I declare ti	hat I have exam	ined th	nis return and ac	co	mpan	vina so	hedules	and	
ш	stat	ements, and to the best of	f my knowledge and	belief, they are	true, correct a								
SE	tax	payer) is based on all inform	nation of which prepa	rer has any kno	wledge.								
PLEASE SIGN HER	Your	Signature			Occupation		Date		Н	ome Tel	ephone:		
<u>ي</u>													_
	Spou	use's Signature			Occupation		Date		^	ork Tele	phone:		
					10.11 /0 :		<u> </u>			or Donor	rtmont He	o Only	
	Paid	Preparer's Signature			ID Number/Social	Securit	y Number				rtment Us	e Only	
RER	Duna	anan'a Nama			City/Otate/7in				P	\	┯┸		_
PAID PREPARI	Prep	parer's Name			City/State/Zip				E	3 •	Ш_	<u> </u>	_
R	Addı	ress			Telephone Numb	er			-	;●			
	Auui				Tolophone Numb	OI .				•			
\		Mailing Information	Mail REFUND returns to				ttle Rock, AR 72203-			•			_
		Mailing Information	Mail TAX DUE returns t Mail NO TAX DUE retu				ttle Rock, AR 72203- ttle Rock, AR 72203-		4. 📙	•	+		-
						, 							_

Please Note: DUE DATE IS APRIL 15, 2005

AR1000-CO

STATE OF ARKANSAS SCHEDULE OF CHECK-OFF CONTRIBUTIONS

INDIVIDUAL INCOME TAX RETURN

ATTACH AS THE SECOND PAGE OF YOUR RETURN

NAMI	JAMETEST N ERTIA							_SSN	400-00-	5501			
SPOL	JSE'S N	IAME:									_SSN:		
ADDF	RESS_				215	5 LAII	D BACK V	VAY					
CITY				L/	AZY POI	NT			STA	ATE	AR	ZIP	71655
											h check-off ir le dollar a ı		provided. Total
contri contri AR10	bution. bute wil 100S or	Enter t I reduct if the a	he amou ce your ro amount in	nt in Bo efund b n Box 6	ox 6 on Line by a corres 6 is not er	e 60 of spondi ntered	f the AR100 ng amount.	0/AR1000 If this so of the A	ONR or I chedule R1000/	ine 26 o is not at	f the AR1000 ttached to yo	S. The tot our AR100	ng a check-of al amount you 0/AR1000NR R1000S, youi
of you													or the amoun
1. AI	RKANS	SAS D	ISASTE	R REI	LIEF PRO	GRA	М				CLS 1162	• \$	10
[] \$1	[] \$5	[;	k]\$10	[]Write in	Amount]] <u>Your</u>	Total Refund	!	
2. U.	.S. OLY	MPIC	СОММ	IITTEE	E PROGR	RAM					CLS 1145	• \$	5
[] \$1	[×] \$5	[] \$10	[]Write in	Amount	[] <u>Your</u>	Total Refund	!	
											CLS 1164		1
[;	x]\$1	[] \$5	[] \$10	[]Write in	Amount	[] <u>Your</u>	Total Refund	[
4. B/	ABY SI	HARO	N'S CH	ILDRE	N'S CAT	ASTF	ROPHIC IL	LNESS	PROG	RAM	CLS 1144	• \$	5
[] \$1	[×] \$5	[] \$10	[]Write in	Amount	[] <u>Your</u>	Total Refund	!	
5. OI	RGAN	DONG	OR AWA	RENE	SS EDU	CATIO	ON PROG	RAM			CLS 1146	• \$	47
[] \$1	[] \$5	[] \$10	[;	Write in	7 Amount	[] <u>Your</u>	Total Refund		
6. TO	OTAL C	HEC	K-OFF (ONTE	RIBUTIO	NS						s	68

ARKANSAS TEST CASE # 2

FORMS REQUIRED: AR1000F, W-2's, W-2G												
OTHER:												
THIRD PARTY DESIGNEE: No												
TAXPAYER:		ATION: Tree Trimmer	DOB: April 2, 1982 BLIND:	SSN: 400-00-5502 DEAF:								
SPOUSE:	NAME: OCCUPA DISABLI	ATION:	SSN: BLIND:	DEAF:								
ADDRESS:		eping Willow Ln. AR 71655										
FILING STAT	US: Head	of Household										
DEPENDENT((S):	NAME	AGE	RELATIONSHIP								
	Twinkle Starlight		Son Daughter									
INTEREST IN	COME:											
DIVIDEND IN	COME:											
DIRECT DEPO BANK NAME: RTN: ACCOUNT NU TYPE:												

a Control number		OMB No. 15	45-0008	Safe, a FAST!	ccurate, Use	irse v f		Visit the IRS at www.irs.g	
b Employer identification number	22	-3355771		1 Wa		other compensation 200	2 Fed	leral income t	
c Employer's name, address, and OAKLEYS YARD AND G				3 So		ity wages 200	4 Soc	cial security to	
87 KUDZU CENTER AUDUBON AR 71655	AILDEN			5 Me		ages and tips 200	6 Me	dicare tax wit	hheld
7,0202017111 77000				7 So	cial secur	ity tips	8 Allo	cated tips	
d Employee's social security numb		00-00-5502		9 Ad	vance EIC	payment	10 Dep	pendent care	benefits
e Employee's first name and initial	Last name			11 No	nqualified	plans	12a See	instructions	for box 12
TEST O MAPLE				13 Statuto	ory Ret	irement Third-party	12b		
7842 WEEPING WILLOV	V LN						o d		
AUDUBON AR 71655				14 Oth	ner		12c		
							12d		
f Employee's address and ZIP co	de								
15 State Employer's state ID num AR		tate wages, tips, etc.	17 State incom	e tax	18 Local	wages, tips, etc.	19 Local in	icome tax	20 Locality name
22-335577	1								

Wage and Tax Statement



Department of the Treasury-Internal Revenue Service

a Control number		OMB No. 15	545-0008	Safe, a	accurate, Use	IRS C	√ ¶	D	Visit the IRS	
b Employer identification number	22	-2244661		1 Wa		other compe 200	ensation	2 Fe	ederal income 480	
c Employer's name, address, and TREE TOPPER INC	ZIP code			3 Sc		ity wages 200		4 So	ocial security to 74	
783 CHRISTMAS TREE AUDUBON AR 71655	DR			5 Me		ages and t	ips	6 M	edicare tax w	ithheld
AODOBON AIR 71000				7 Sc	ocial secur	ity tips		8 AI	located tips	
d Employee's social security num		00-00-5502		9 Ac	dvance EI0	C payment		10 De	ependent care	benefits
e Employee's first name and initia	al Last name			11 No	onqualified	l plans		С	ee instructions	for box 12
TEST O MAPLE				. Statut	tony Bat	tirement T	hird-party	o d e		
7842 WEEPING WILLO	W LN			13 Statut emplo	byee pla		ick pay	12b		
AUDUBON AR 71655				14 Ot	hor			12c		
				14 01	.1161			C		
								12d		
f Employee's address and ZIP co	ode									
15 State Employer's state ID nur AR 22-224466		tate wages, tips, etc.	17 State incom	ne tax	18 Local	I wages, tip	s, etc.	19 Local	income tax	20 Locality name
22-224466	1									

W-2 Wage and Tax Statement



Department of the Treasury-Internal Revenue Service

3232	CORRECTED		
PAYER'S name	1 Gross winnings	2 Federal income tax withheld	OMB No. 1545-0238
HACKBERRY CASINO	13000	2000	9@ ^ 1
Street address	3 Type of wager	4 Date won	2004
1 CRYING RIVER	1.00	06 11 04	Form W-2G
City, state, and ZIP code	5 Transaction	6 Race	Certain
SAWYER MS 39530			Gambling
Federal identification number Telephone number	7 Winnings from identical wagers	8 Cashier	Winnings
55-1235423		CASHIER 1	vviiiiiigs
WINNER'S name	9 Winner's taxpayer identification no.	10 Window	For Privacy Act and
TEST O MAPLE	400-00-5502	3	Paperwork Reduction Act Notice, see the 2004
Street address (including apt. no.)	11 First I.D.	12 Second I.D.	General Instructions for
7842 WEEPING WILLOW LN	400-00-5502	901-00-5502	Forms 1099, 1098, 5498,
City, state, and ZIP code	13 State/Payer's state identification no.	14 State income tax withheld	and W-2G.
AUDUBON AR 71655	MS 55-1234523	500.00	File with Form 1096.
Under penalties of perjury, I declare that, to the best of my knowledge and beli			Copy A
correctly identify me as the recipient of this payment and any payments from identification.	ntical wagers, and that no other person is	s entitled to any part of these payments.	For Internal Revenue
Signature ▶	D	ate ►	Service Center

Form W-2G

Cat. No. 10138V

Department of the Treasury - Internal Revenue Service

2		04 AR1000 ARKANSAS INI	DIVIDUAL INC	OME TAX RETURN Dept. Use Only					E	
	1 - D	lec 31, 2004 or fiscal year ending	, 20 <u> </u>	(S) (See Instructions)		YOUR SOCIAL S	ECI	IRITY NI IMRED		
				, , ,						
.٣	<u> </u>	EST O	• MAPL	E		• 400-00-5502				
循	PRE	SENT ADDRESS - NUMBER AND STREET, APARTMENT	FOR RURAL RO	DUTE		SPOUSE SOCIA	L SE	CURITY NUMBER	3	
USE LABEL	•	7842 WEEPING WILLOW LN	l			•				
PR	CITY,	TOWN OR POST OFFICE, STATE AND ZIP CODE AUDUBON AR	71655			IMPORTA	NT	You MUST A enter your SSN(s) above	e 🙏	
	1. •	SINGLE (Or widowed before 2004 or divorced at end	of 2004)	4. ● ☐ MARRIED F	ILING S	SEPARATELY ON	ГНЕ	SAME RETURN		
ATUS One Bo	2. •	MARRIED FILING JOINT (Even if only one had incor	me)	5. ● ☐ MARRIED F	ILING S	SEPARATELY ON I	OIFF	ERENT RETURNS	3	
FILING STATUS Check Only One Box	3. ●	▼ HEAD OF HOUSEHOLD (See Instructions)		Enter spouse	e's nam	e here and SSN ab	ove			
FILI		If the qualifying person is your child but not your depe enter this child's name here:		DW(ER) with deper See Instructions)						
	HAV	E YOU FILED A FEDERAL EXTENSION? Check the Federal	nis box if you hav	· ·	•	this box if you have sion to file, Federal			nal	
		¥ YOURSELF ● 65 or OVER ● 65 SPECIAL				F HOUSEHOLD/	01111	2000. (See Ilisti.)	T	
CREDITS		SPOUSE ● 65 or OVER ● 65 SPECIAL	L • 🗌 BLIND		QUALIF	YING WIDOW(ER)	40		
	7B.	First name(s) of dependents: (Do not list yourself or spouse) TWINKLE, STARLIGHT	Multipl	y number of boxes checked	from Liı	ne 7A 2 X \$2	20 =	40 40	0	
SONAL	70	IWINKLE, STARLIGHT First name of developmentally disabled individual(s): (See I	Multipl	y number of dependents fro	m Line 7	7B ● 🛂 X \$2	20 =	40	- 0	
PER			individ	y number of developmentall uals from Line 7C	-	● 🔲 X \$5	00=		0	
	7D.	TOTAL PERSONAL CREDITS: (Add Lines 7A, 7B and 7C.	Enter total here	and on Line 44)			7D	80	0	
								(B) Spouse Incor	ne	
		ROUND ALL INCOME FIGURES TO WHOLE DO	DLLARS		(A)	Your/Total Income		Status 4 On		
m(s)		Wages, salaries, tips, etc.:			<u> </u>		8			
Form(s)						Income	8		ly	
399 Form(s)	9A.	Wages, salaries, tips, etc.:	t)	00 Less \$6,000 9/		4,400 00	8 9B		ly 0	
.2/1099 Form(s)	9A. 9B. 10.	Wages, salaries, tips, etc.: U. S. military compensation pay: (Yourfjoint gross amount U. S. military compensation pay: (Spouse gross amount) Minister's income: Gross \$ Le	ess rental value \$	00 Less \$6,000 9/ 00 Less \$6,000 5 10		4,400 00 00 00	9B 10		0 0	
n W-2/1099 Form(s)	9A. 9B. 10. 11.	Wages, salaries, tips, etc.: U. S. military compensation pay: (Yourfjoint gross amount) U. S. military compensation pay: (Spouse gross amount) Minister's income: Gross \$ Le Interest income: (If over \$1,500, attach page AR4)	ess rental value \$	00 Less \$6,000 9, 00 Less \$6,000 10 	A	4,400 00 00	9B 10		ly	
:k on W-2/1099 Form(s)	9A. 9B. 10. 11.	Wages, salaries, tips, etc.: U. S. military compensation pay: (Yourfjoint gross amount U. S. military compensation pay: (Spouse gross amount) Minister's income: Gross \$ Le	ess rental value \$	00 Less \$6,000 9, 00 Less \$6,000 10 	A	4,400 00 00 00	9B 10 11		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
:heck on W-2/1099 Form(s)	9A. 9B. 10. 11.	Wages, salaries, tips, etc.: U. S. military compensation pay: (Yourfjoint gross amount) U. S. military compensation pay: (Spouse gross amount) Minister's income: Gross \$ Le Interest income: (If over \$1,500, attach page AR4)	ess rental value \$	00 Less \$6,000 9, 00 Less \$6,000 6 10 11	A	Name	9B 10 11 12		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
IE ce check on W-2/1099 Form(s)	9A. 9B. 10. 11. 12.	Wages, salaries, tips, etc.: U. S. military compensation pay: (Yourfjoint gross amount) U. S. military compensation pay: (Spouse gross amount) Minister's income: Gross \$ Le Interest income: (If over \$1,500, attach page AR4)	ess rental value \$	00 Less \$6,000 9, 00 Less \$6,000 5 10 11 12	A	Name	9B 10 11 12 13		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
SOME Place check on W-2/1099 Form(s)	9A. 9B. 10. 11. 12.	Wages, salaries, tips, etc.: U. S. military compensation pay: (Your/joint gross amount) U. S. military compensation pay: (Spouse gross amount) Minister's income: Gross \$ Le Interest income: (If over \$1,500, attach page AR4)	ess rental value \$	00 Less \$6,000 9, 00 Less \$6,000 10 11 12 13	A	1,400 00 00 00 00 00 00 00	9B 10 11 12 13	Status 4 Onl	00 00 00 00 00 00	
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INCOME itach W-2/1099 Form(s) here / Place check on W-2/1099 Form(s)	9A. 9B. 10. 11. 12. 13. 14. 15. 16. 17. 18A.	Wages, salaries, tips, etc.: U. S. military compensation pay: (Your/joint gross amount) U. S. military compensation pay: (Spouse gross amount) Minister's income: Gross \$ Le Interest income: (If over \$1,500, attach page AR4) Dividend income: (If over \$1,500, attach page AR4) Alimony and separate maintenance received: Business or professional income: (Attach Federal Schedu Capital gains/losses from stocks, bonds, etc.: (See Instr. A Other gains or (Iosses): (Attach Federal Form 4797) Non-Qualified IRA distributions and taxable annuities: Your/Joint Employer pension plan/Qualified IRA: (See Img Gross Distribution ■ Qualified IRA (Filing Status Gross Distribution ■	ess rental value \$ le C or C-EZ) Attach Federal S portant Line 18 Amount • s 4 Only): Federal Schedu	00 Less \$6,000 9, 10 Less \$6,000 10 11 12 13 14 15 16 17 18 Instructions, Page 15) Less \$6,000 18, 19 19 19 19 19 19 19 1	•	Name	9B 10 11 12 13 14 15 16 17	Status 4 Onl	O	
INCOME Attach W-2/1099 Form(s) here / Place check on W-2/1099 Form(s)	9A. 9B. 10. 11. 12. 13. 14. 15. 16. 17. 18A.	Wages, salaries, tips, etc.: U. S. military compensation pay: (Your/joint gross amount) U. S. military compensation pay: (Spouse gross amount) Minister's income: Gross \$ Le Interest income: (If over \$1,500, attach page AR4) Dividend income: (If over \$1,500, attach page AR4) Alimony and separate maintenance received: Business or professional income: (Attach Federal Schedu Capital gains/losses from stocks, bonds, etc.: (See Instr. A Other gains or (losses): (Attach Federal Form 4797) Non-Qualified IRA distributions and taxable annuities: Your/Joint Employer pension plan/Qualified IRA: (See Im Gross Distribution • Qualified IRA (Filing Status Gross Distribution • Qualified IRA (Filing Status Gross Distributio	ess rental value \$ ele C or C-EZ) Attach Federal S portant Line 18 Amount • s 4 Only): Amount • Federal Schedu	00 Less \$6,000 9, 00 Less \$6,000 9, 10 11 12 13 14 15 16 17 15 16 17 15 16 17 15 16 17 15 16 17 15 16 17 15 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 17	•	Name	9B 10 11 12 13 14 15 16 17	Status 4 Onl	00 00 00 00 00 00 00 00 00 00 00 00 00	
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INCOME IUSTMENTS Attach W-2/1099 Form(s) here / Place check on W-2/1099 Form(s)	9A. 9B. 10. 11. 12. 13. 14. 15. 16. 17. 18B. 19. 20. 21. 22. 23. 24. 25. 26.	Wages, salaries, tips, etc.: U. S. military compensation pay: (Your/joint gross amount) U. S. military compensation pay: (Spouse gross amount) Minister's income: Gross \$ Le Interest income: (If over \$1,500, attach page AR4) Dividend income: (If over \$1,500, attach page AR4) Alimony and separate maintenance received: Business or professional income: (Attach Federal Schedul Capital gains/losses from stocks, bonds, etc.: (See Instr. Alimony and separate maintenance received: Other gains or (losses): (Attach Federal Form 4797) Non-Qualified IRA distributions and taxable annuities: Your/Joint Employer pension plan/Qualified IRA: (See Img. Gross Distribution • Gross Distribution • Qualified IRA (Filing Status Gross	ess rental value \$ ele C or C-EZ) Attach Federal S portant Line 18 Amount • s 4 Only): Amount • Federal Schedu ons)	00 Less \$6,000 9, 10 11 12 13 14 14 15 16 17 15 16 17 18 Instructions, Page 15) 00 Less \$6,000 18, 18 19 19 19 19 19 19 19	•	Name	9B 10 11 12 13 14 15 16 17 18B 19 20 21 22 23 24 25 26	Status 4 Onl	O	

30. Alimony/separate maintenance paid to: Name: ______ SSN: _____ 30

00 00 00

00

00

00

00 30

00 32

00

17,401 00

00 31 •

33

							(A) Your/Total Income		(B	Spouse Inc	
	35.	ADJUSTED GROSS INCOME	-: (From Line 34 Column	as A and P. Paga	A D 1)	25	17,401				00
	36.	Select tax table: (Check the ap	,	is A and B, Page /	AK I)	33	17,401	93	' 		-100
	30.	• LOW INCOME	_	X REGULAR Ta	nhle 2						
z		If you qualify for the Low Incom	_								
TAX COMPUTATION		· · · · —	d Deductions (See ite	,	•						
Ď		the larger OR	a 2000010110 (000 110								
M			rd Deduction (See Sta	andard Deduction	Instr Line 36)	36 ●	2,000	0 36	6 ●		00
ŏ	37.	NET TAXABLE INCOME: (Sub				_	15,401	_			00
¥	38.	Tax: (Enter tax from tax table)				_	473	_			00
	39.	Combined tax: (Add amounts fr				_		_	_		<mark>173</mark> 00
	40.	Income Tax Surcharge: (Multipl		,					_		14 00
	41.	Enter tax from Lump Sum Distr									00
	42.	IRA and qualified plan withdraw									00
	43.	TOTAL TAX: (Add Lines 39 th	hrough 42)					4	3●		<mark>187</mark> 00
	44.	Personal Tax credit: (Enter total	I from Line 7D, page AR	1)		44 ●	80 0	0			
	45.	State Political Contributions cre	dit: (Attach schedule)			45 ●	C	0			
Ø	46.	Other State Tax credit: [Attach a	a copy of other state tax	return(s)]		46 ●	C	0			
CREDITS	47.	Child care credit: (Attach Feder	ral Form 2441 or 1040A,	Sch. 2, 20% of Fe	ederal credit allowed	d) 47 ●	C	0			
CRE	48	Credit for adoption expenses: (/	Attach Form 8839)			48 ●	C	0			
ΤĀ	49.	Phenylketonuria Disorder credit					C	0			
_	50.	Business and Incentive Tax cre	edit: (Attach schedule and	d certificate)		50 ●	[0	0	_		
	51.	TOTAL CREDITS: (Add Line	es 44 through 50)					5	1•		80 00
	52.	NET TAX: (Subtract Line 51 fi						52	2●		<mark>107</mark> 00
	53.	Arkansas Income Tax withheld:				_		0			
Ξ	54.	Estimated tax paid or credit bro						0			
VEN	55.	Payments made with extension				55 ●	C	0			
PAYMENTS	56.	Early childhood program: Certif									
_		(Attach Fed. Form 2441 or 1040				_	1	0			00 00
	57.	TOTAL PAYMENTS: (Add L									00
Щ	58.	Amount of overpaymin Amount to be applied to 2005 e	•	•	•	´—		\neg	5 •		
C DUE	59. 60.	Amount of Checkoff Contribution						0			
OR TAX	61.	AMOUNT TO BE REFUND				_			1 🗖 💮		00
	62.	AMOUNT DUE: (If Line 57 is le									119 00
Ν	62A.	Attach Form AR2210: Enter Ex		_		0//3/0		_ 0,			10100
REFU	l	Please attach your check or mo		_	·						$\neg \vdash$
		penalty (if applicable) due. Be s		•				62C	.	1	19 ₀₀
	63.	Amount of income not subject t	•		-		May the Arka				Yes
		•		•	• ,		Agency discus	s thi	s return	n with	
							the preparer s	how	n belov	w? X	No
	PL	EASE SIGN HERE: U	nder penalties of pe	riurv. I declare	that I have exan	nined th	nis return and acc	omr	oanvin	a schedule	s and
ш	stat	tements, and to the best of	f my knowledge and	belief, they ar	e true, correct						
SE	tax	payer) is based on all inform	nation of which prepa	rer has any kno	owledge.						
PLEASE SIGN HERE	You	r Signature			Occupation		Date		Home	e Telephone:	
2 S											
	Spo	use's Signature			Occupation		Date		Work	Telephone:	
_									Four		a a Onder
	Paid	I Preparer's Signature			ID Number/Socia	al Securit	y Number		-	Department Us	se Uniy
ZER.					011 101 1 171				Α	•	
PAID PREPARER	Prep	parer's Name			City/State/Zip				В●		Ц
PRE	Add	rocc			Telephone Numb	nor .			_ C ●		
	Aud	1000			releptione num	JCI			D●		
\	<u> </u>	Ma-11	Mail REFUND returns to				ittle Rock, AR 72203-10		E●		Т
		Mailing Information	Mail TAX DUE returns t Mail NO TAX DUE retu				ttle Rock, AR 72203-2		F●		+
			I MAIL IN TAX DUE 1810	ווווט נט. טו ה טומול וו	noonio lax, i O. bu	. 0020, LI	1 1 1 1 2 2 U J - Ol	, <u>,</u> ,	▼		

ARKANSAS TEST CASE # 3

FORMS REQUIRED: AR1000F, AR4, W-2, 1099R

OTHER: Year Spouse Died: 2003, SOCIAL SECURITY: 10,000

THIRD PARTY DESIGNEE: Yes

TAXPAYER: NAME: Test Z Canasta **DOB:** 01-26-1938 **SSN:** 400-00-5503

OCCUPATION: Bouncer BLIND: Yes DEAF: Yes

DISABLED: No

SPOUSE: NAME: DOB: SSN:

OCCUPATION: BLIND: DEAF:

DISABLED:

ADDRESS: 12 Queen of Hearts Blvd.

Blackjack, AR 71655

FILING STATUS: Qualifying Widow(er)

DEPENDENT(S): NAME AGE RELATIONSHIP

Samuel 13 Grandson
Mary 10 Granddaughter

INTEREST INCOME:

DIVIDEND INCOME:

DIRECT DEPOSIT: BANK NAME:

RTN:

ACCOUNT NUMBER:

TYPE:

a Control number		OMB No. 15	645-0008	Safe, a	accurate, Use	irse	/fil (•	isit the IRS t www.irs.ç	
b Employer identification number	64	-1234567		1 W		other compens	sation	2 Fede	ral income t	
c Employer's name, address, and				3 Sc	ocial secur 18	ity wages 8500		4 Socia	al security to 1147	
UCAN WINABUNDLE RI 21 JOKERS FERRY BLACKJACK AR 71655				5 M		ages and tipe	S	6 Medi	care tax wit	
				7 Sc	ocial secur	ity tips		8 Alloc	ated tips	
d Employee's social security num		00-00-5503		9 Ad	dvance EIC	payment		10 Depe	endent care	benefits
e Employee's first name and initia	l Last name			11 No	onqualified	plans		12a See i	nstructions	for box 12
TEST Z CANASTA				13 Statu	tory Ret		d-party	12b	1	
12 QUEEN OF HEARTS	BLVD.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	1	Cod		
BLACKJACK AR 71655				14 Ot	ther		1	12c		
								12d		
f Employee's address and ZIP co	de									
15 State Employer's state ID nun AR 64-123456		ate wages, tips, etc.	17 State incom 320	e tax	18 Local	wages, tips,	etc. 1	9 Local inc	ome tax	20 Locality name
64-123456	7									

W-2 Wage and Tax Statement



Department of the Treasury-Internal Revenue Service

		CTI	ED (if checke	d)			_	
PAYER'S name, street address, UCAN PENSIONS 13 KENO BLACKJACK AR 71655		1	Gross distribut 550 Taxable amour	ion		1B No. 1545-0119	_	Distributions From nsions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance
		\$	550	.1	F	form 1099-R		Contracts, etc.
		21	Taxable amour not determined			Total distributio	n 🗌	Copy B Report this
PAYER'S Federal identification number	RECIPIENT'S identification number	3	Capital gain (in in box 2a)	cluded	4	Federal income withheld	e tax	income on your Federal tax return. If this
15-3456789	400-00-5503	\$			\$			form shows Federal income
RECIPIENT'S name		5	Employee contr or insurance pre		6	Net unrealized appreciation in employer's sec		tax withheld in box 4, attach this copy to
TEST Z CANASTA		\$			\$			your return.
Street address (including apt. ne	0.)	7	Distribution code(s)	IRA/ SEP/	8	Other		This information is
12 QUEEN OF HEARTS	B BLVD.		7	SIMPLE	\$		%	being furnished to
City, state, and ZIP code BLACKJACK AR 71655		9a	Your percentage distribution	of total %	9b \$	Total employee con	tributions	Revenue Service.
Account number (optional)		10	State tax withhe	eld	11	State/Payer's s	tate no.	12 State distribution
		\$				AR 15-3456	 789	\$ 550
		13	Local tax withhe	eld	-	Name of localit		15 Local distribution
		\$						\$
		\$						\$

Form **1099-R**

Department of the Treasury - Internal Revenue Service

2	20	04 AR1000 ARKANSAS IN Full Year Re	esident	Dept. Use Onl					F
		Dec 31, 2004 or fiscal year ending	_ , 20 <u> </u>	•					-
	FIRS	ST NAME(S) AND INITIAL(S) (List both if applicable)	LAST NAME(S) (See Instruc	ctions)	YOUR SOCIA	L SEC	URITY NUMBER	
	• ¬	TEST Z	• CANAS	2TA		•	100	00-5503	
78									
ABE	PRE	SENT ADDRESS - NUMBER AND STREET, APARTMEN	IT OR RURAL RO	UTE		SPOUSE SOC	CIAL SI	ECURITY NUMBE	R
USE LABEL PRINT OR TYPI	•	12 QUEEN OF HEARTS BLV	D			•			
78	CITY	, TOWN OR POST OFFICE, STATE AND ZIP CODE						You MUST	-
	•	BLACKJACK AR	71655			IMPORT	AN1	enter your SSN(s) abov	/e
×	1. ●	SINGLE (Or widowed before 2004 or divorced at end	d of 2004)	4. ● □ N	IARRIED FI	LING SEPARATELY O	N THE	SAME RETURN	
ATUS One B	2.	MARRIED FILING JOINT (Even if only one had inco	ome)	5. ● □ N	MARRIED FI	LING SEPARATELY O	N DIFF	FERENT RETURN	S
FILING STATUS eck Only One Box	3. ●	HEAD OF HOUSEHOLD (See Instructions)		E	nter spouse	's name here and SSN	above		
Check		If the qualifying person is your child but not your dependenter this child's name here:				G WIDOW(ER) with dep		nt child.	
	HAV	TE YOU FILED A FEDERAL EXTENSION? Check Federal	this box if you have	e filed an autor	matic • 🔲	Check this box if you hextension to file, Feder	ave an	approved addition 2688 (See Instr.)	nal
_		X YOURSELF ● X 65 or OVER ● X 65 SPECIA		•	-	EAD OF HOUSEHOLE		1 2000. (See msu.)	
CREDITS		☐ SPOUSE ● ☐ 65 or OVER ● ☐ 65 SPECIA	AL • 🔲 BLIND	• DEA		UALIFYING WIDOW(I	ER)		
_	7B.	First name(s) of dependents: (Do not list yourself or spouse)	Multiply	number of box	es checked f	from Line 7A 6 X			00
Ž		SAMUEL, MARY	Multiply			n Line 7B ● 🔼 X	\$20 =	40	00
PERSONA	7C.	First name of developmentally disabled individual(s): (See		number of dev		y disabled ● □ X	\$500=		oc
•	7D.	TOTAL PERSONAL CREDITS: (Add Lines 7A, 7B and 7C						160	00
				and on Line i	1)		/D	100	
		ROUND ALL INCOME FIGURES TO WHOLE DO	OLI ARS	and on Eme 1	1)	(A) Your/Total	//	(B) Spouse Inco	me
(s)	8.	ROUND ALL INCOME FIGURES TO WHOLE DO	_		<u>, </u>	(A) Your/Total Income			me
orm(s)		Wages, salaries, tips, etc.:			<u>, </u>	(A) Your/Total Income 18,500		(B) Spouse Inco	me nly
99 Form(s)	9A.		nt)	00 Les		(A) Your/Total Income 18,500	00 8	(B) Spouse Inco	me nly
2/1099 Form(s)	9A. 9B.	Wages, salaries, tips, etc.: U. S. military compensation pay: (Yourfjoint gross amount	(t)	00 Les 00 Les		(A) Your/Total Income 18,500	00 8	(B) Spouse Inco Status 4 Or	me nly
. W-2/1099 Form(s)	9A. 9B. 10.	Wages, salaries, tips, etc.:	ess rental value \$	00 Les		(A) Your/Total Income 18,500	00 8 00 9B	(B) Spouse Inco Status 4 Or	00
k on W-2/1099 Form(s)	9A. 9B. 10. 11.	Wages, salaries, tips, etc.: U. S. military compensation pay: (Yourfjoint gross amount) U. S. military compensation pay: (Spouse gross amount) Minister's income: Gross \$	ess rental value \$	00 Les 00 Les		(A) Your/Total Income 18,500	00 8 00 9B 00 10 00 11	(B) Spouse Inco Status 4 Or	00 00 00
heck on W-2/1099 Form(s)	9A. 9B. 10. 11. 12.	Wages, salaries, tips, etc.: U. S. military compensation pay: (Yourfjoint gross amount) U. S. military compensation pay: (Spouse gross amount) Minister's income: Gross \$ L Interest income: (If over \$1,500, attach page AR4)	ess rental value \$	00 Les 00 Les		(A) Your/Total Income 18,500	00 8 00 9B 00 10 00 11	(B) Spouse Inco Status 4 Or	00 00 00 00
E se check on W-2/1099 Form(s)	9A. 9B. 10. 11. 12.	Wages, salaries, tips, etc.: U. S. military compensation pay: (Yourfjoint gross amount) U. S. military compensation pay: (Spouse gross amount) Minister's income: Gross \$	ess rental value \$	00 Les 00 Les	8 s \$6,000 9A s \$6,000 — 10 — 11 — 12 — 13	(A) Your/Total Income 18,500	00 8 00 9B 00 10 00 11 00 12	(B) Spouse Inco Status 4 Or	00 00 00 00 00
OME Place check on W-2/1099 Form(s)	9A. 9B. 10. 11. 12.	Wages, salaries, tips, etc.: U. S. military compensation pay: (Yourfjoint gross amount) U. S. military compensation pay: (Spouse gross amount) Minister's income: Gross \$	ess rental value \$	00 Les 00 Les		(A) Your/Total Income 18,500	00 8 00 9B 00 10 00 11 00 12 00 13	(B) Spouse Inco Status 4 Or	000 000 000 000 000 000
INCOME re / Place check on W-2/1099 Form(s)	9A. 9B. 10. 11. 12. 13.	Wages, salaries, tips, etc.: U. S. military compensation pay: (Yourfjoint gross amount) U. S. military compensation pay: (Spouse gross amount) Minister's income: Gross \$	ess rental value \$ ule C or C-EZ) Attach Federal So	00 Les 00 Les		(A) Your/Total Income 18,500 1,600	00 8 00 9B 00 10 00 11 00 12 00 13	(B) Spouse Inco Status 4 Or	000 000 000 000 000 000
INCOME) here / Place check on W-2/1099 Form(s)	9A. 9B. 10. 11. 12. 13. 14.	Wages, salaries, tips, etc.: U. S. military compensation pay: (Yourfjoint gross amount). U. S. military compensation pay: (Spouse gross amount). Minister's income: Gross \$ L. Interest income: (If over \$1,500, attach page AR4) Dividend income: (If over \$1,500, attach page AR4) Alimony and separate maintenance received: Business or professional income: (Attach Federal Schedu Capital gains/losses from stocks, bonds, etc.: (See Instr. Other gains or (losses): (Attach Federal Form 4797)	ess rental value \$ ule C or C-EZ) Attach Federal So	00 Les 00 Les		(A) Your/Total Income 18,500 1,600	00 8 00 9B 00 10 00 11 00 12 00 13 00 14 00 15	(B) Spouse Inco Status 4 Or	OC
INCOME m(s) here / Place check on W-2/1099 Form(s)	9A. 9B. 10. 11. 12. 13. 14. 15. 16.	Wages, salaries, tips, etc.: U. S. military compensation pay: (Yourfjoint gross amount) U. S. military compensation pay: (Spouse gross amount) Minister's income: Gross \$	ess rental value \$ ule C or C-EZ) Attach Federal Sc	00 Les 00 Les chedule D)		(A) Your/Total Income 18,500 1,600	00 8 00 9B 00 10 00 11 00 12 00 13 00 14 00 15 00 16	(B) Spouse Inco Status 4 Or	OC OC OC OC OC OC OC OC
INCOME Form(s) here / Place check on W-2/1099 Form(s)	9A. 9B. 10. 11. 12. 13. 14. 15. 16.	Wages, salaries, tips, etc.: U. S. military compensation pay: (Yourfjoint gross amount). Minister's income: Gross \$L Interest income: (If over \$1,500, attach page AR4) Dividend income: (If over \$1,500, attach page AR4) Alimony and separate maintenance received: Business or professional income: (Attach Federal Schede Capital gains/losses from stocks, bonds, etc.: (See Instr. Other gains or (losses): (Attach Federal Form 4797) Non-Qualified IRA distributions and taxable annuities:	ess rental value \$ ule C or C-EZ) Attach Federal So	00 Les 00 Les chedule D)		(A) Your/Total Income 18,500 1,600	00 8 00 9B 00 10 00 11 00 12 00 13 00 14 00 15 00 16	(B) Spouse Inco Status 4 Or	OC OC OC OC OC OC OC OC
INCOME 099 Form(s) here / Place check on W-2/1099 Form(s)	9A. 9B. 10. 11. 12. 13. 14. 15. 16. 17.	Wages, salaries, tips, etc.: U. S. military compensation pay: (Yourfjoint gross amount). Minister's income: Gross \$L. Interest income: (If over \$1,500, attach page AR4) Dividend income: (If over \$1,500, attach page AR4) Alimony and separate maintenance received: Business or professional income: (Attach Federal Schede Capital gains/losses from stocks, bonds, etc.: (See Instr. Other gains or (losses): (Attach Federal Form 4797) Non-Qualified IRA distributions and taxable annuities: Your/Joint Employer pension plan/Qualified IRA: (See Instr. (See Instr.)	ess rental value \$ ule C or C-EZ) Attach Federal Sc apportant Line 18 Amount •	00 Les 00 Les 100		(A) Your/Total Income 18,500 1,600	00 8 00 9B 00 10 00 11 00 12 00 13 00 14 00 15 00 16	(B) Spouse Inco Status 4 Or	OC OC OC OC OC OC OC OC
INCOME 171099 Form(s) here / Place check on W-2/1099 Form(s)	9A. 9B. 10. 11. 12. 13. 14. 15. 16. 17.	Wages, salaries, tips, etc.: U. S. military compensation pay: (Yourfjoint gross amount) U. S. military compensation pay: (Spouse gross amount) Minister's income: Gross \$ Interest income: (If over \$1,500, attach page AR4) Dividend income: (If over \$1,500, attach page AR4) Alimony and separate maintenance received: Business or professional income: (Attach Federal Schedel Capital gains/losses from stocks, bonds, etc.: (See Instr. Other gains or (losses): (Attach Federal Form 4797) Non-Qualified IRA distributions and taxable annuities: Your/Joint Employer pension plan/Qualified IRA: (See In Gross Distribution ● 550 00 Taxable A	ess rental value \$ ule C or C-EZ) Attach Federal Sc pportant Line 18 Amount • us 4 Only):	00 Les 00 Les 100		(A) Your/Total Income 18,500 1,600	000 8 000 100 110 12 000 13 14 000 15 17 000 18 18 18 18 18 18 18 18 18 18 18 18 18	(B) Spouse Inco Status 4 Or	OC OC OC OC OC OC OC OC
INCOME h W-2/1099 Form(s) here / Place check on W-2/1099 Form(s)	9A. 9B. 10. 11. 12. 13. 14. 15. 16. 17. 18A.	Wages, salaries, tips, etc.: U. S. military compensation pay: (Yourfjoint gross amount) U. S. military compensation pay: (Spouse gross amount) Minister's income: Gross \$	ess rental value \$ ule C or C-EZ) Attach Federal So apportant Line 18 Amount • us 4 Only): Amount •	00 Les 00 Les 100 Les 100		(A) Your/Total Income 18,500 1,600	00 8 00 9B 00 10 00 11 00 12 00 13 00 14 00 15 00 16 00 17	(B) Spouse Inco Status 4 Or	000 000 000 000 000 000 000
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INCOME Attach W-2/1099 Form(s) here / Place check on W-2/1099 Form(s)	9A. 9B. 10. 11. 12. 13. 14. 15. 16. 17. 18A. 18B. 19. 20.	Wages, salaries, tips, etc.: U. S. military compensation pay: (Yourfjoint gross amount) U. S. military compensation pay: (Spouse gross amount) Minister's income: Gross \$	ess rental value \$ ule C or C-EZ) Attach Federal Sc apportant Line 18 Amount • us 4 Only): Amount • th Federal Schedul	00 Les		(A) Your/Total Income 18,500 1,600 -4,700 15,950	00 8 00 9B 00 10 00 11 00 12 00 13 00 14 00 15 00 16 00 17 00 17 00 19 00 20 00 21 00 22	(B) Spouse Inco Status 4 Or	OC OC OC OC OC OC OC OC
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INCOME Attach W-2/1099 Form(s) here / Place check on W-2/1099 Form(s)	9A. 9B. 10. 11. 12. 13. 14. 15. 16. 17. 18A. 18B. 20. 21. 22.	Wages, salaries, tips, etc.: U. S. military compensation pay: (Yourfjoint gross amount) Winister's income: Gross \$	ess rental value \$ ule C or C-EZ) Attach Federal Sc amount • us 4 Only): Amount • h Federal Schedul	00 Les 00 Les 100 Les 100 Les 100		(A) Your/Total Income 18,500 1,600 550 -4,700 15,950	000 8 000 10 10 12 000 13 000 16 000 17 000 000 20 000 21 000 22 000 23 000 24	(B) Spouse Inco Status 4 Or	OC OC OC OC OC OC OC OC
INCOME Attach W-2/1099 Form(s) here / Place check on W-2/1099 Form(s)	9A. 9B. 10. 11. 12. 13. 14. 15. 16. 17. 18A. 18B. 19. 20. 21. 22. 23.	Wages, salaries, tips, etc.: U. S. military compensation pay: (Yourfjoint gross amount) Minister's income: Gross \$	ess rental value \$ ule C or C-EZ) Attach Federal So apportant Line 18 Amount • us 4 Only): Amount • th Federal Schedul tions)	00 Les 00 Les 10 Les		(A) Your/Total Income 18,500 1,600 550 -4,700 15,950	000 8 000 10 000 11 10 12 000 15 000 17 000 18 18 18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	(B) Spouse Inco Status 4 Or	OC OC OC OC OC OC OC OC
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STMENTS Attach W-2/1099 Form(s) here / Place check on W-2/1099 Form(s)	9A. 9B. 10. 11. 12. 13. 14. 15. 16. 17. 18A. 18B. 19. 20. 21. 22. 23. 24. 25. 26.	Wages, salaries, tips, etc.: U. S. military compensation pay: (Yourfjoint gross amount) Minister's income: Gross \$	ess rental value \$ ule C or C-EZ) Attach Federal Sc amount • us 4 Only): Amount • in Federal Schedul tions)	00 Les 00 Les 00 Les 00 00 00 00 00 00 00 00 00 00 00 00 00		(A) Your/Total Income 18,500 1,600 4,700 15,950	000 8 000 100 11 100 12 100 15 100 100 100 100 100 100 100 100	(B) Spouse Inco Status 4 Or	OC OC OC OC OC OC OC OC

30. Alimony/separate maintenance paid to: Name: ______ SSN: _____ 30

00 30

00 32

00 33 • 15,950 00 34 •

00 31 •

00 00 00

00

						- [(A) Your/Total			(B)	Spouse Inco	
						-					Status 4 On	<u>'y</u>
	35.	ADJUSTED GROSS INCOME	E: (From Line 34, Colum	ns A and B, Page A	R1)	35	15,950	00	35			00
	36.	Select tax table: (Check the ap	'''	_								
		• X LOW INCOME	•	REGULAR Tab								
COMPUTATION		If you qualify for the Low Incom	·	,	· ·							
ΤĀΤ		_	d Deductions (See ite	emized deduction so	chedule, Line 28)							
3		the larger OR										
S S		·	rd Deduction (See St		. ,		4= 0=0		36 ●			00
TAX	37.	NET TAXABLE INCOME: (Sub					15,950					00
F	38.	Tax: (Enter tax from tax table)				_	86					00
	39.	Combined tax: (Add amounts fr		,								36 00
	40.	Income Tax Surcharge: (Multipl										3 00
	41.	Enter tax from Lump Sum Distr										00
	42.	IRA and qualified plan withdraw										00
	43.	TOTAL TAX: (Add Lines 39 th					160		T			39 00
	44.	Personal Tax credit: (Enter total State Political Contributions cre					100	00	4			
	45.	Other State Tax credit: [Attach a						00	4			
Ξ	46. 47.	Child care credit: (Attach Feder						00	4			
CREDITS	47. 48	Credit for adoption expenses: (_		00	4			
	49.	Phenylketonuria Disorder credit	•					00	4			
ΤĀ	50.	Business and Incentive Tax cre						00	4			
	51.	TOTAL CREDITS: (Add Line				_					16	00
	52.	NET TAX: (Subtract Line 51 fi	- ,									0 00
	53.	Arkansas Income Tax withheld:						00				•
s	54.	Estimated tax paid or credit bro						00	1			
Ä	55.	Payments made with extension						00	1			
PAYMENTS	56.	Early childhood program: Certif							1			
4		(Attach Fed. Form 2441 or 1040	A, Sch. 2 & Cert. Form A	AR1000EC, 20% of F	ed. credit allowed)	. 56 ●		00				
	57.	TOTAL PAYMENTS: (Add L	ines 53 through 56)						.57 •		32	20 00
	58.	AMOUNT OF OVERPAYM	ENT/REFUND: (If Line	57 is greater than	Line 52, enter diffe	rence)			. 58 ●		32	<mark>20</mark> 00
DUE	59.	Amount to be applied to 2005 e	estimated tax:			59●		00]			
TAX	60.	Amount of Checkoff Contribution				_		00	J ,			
OR T	61.	AMOUNT TO BE REFUND									32	20 00
ON	62.	AMOUNT DUE: (If Line 57 is le	_					JE	62●	8		00
	62A.	Attach Form AR2210: Enter Ex				0	_		i			
REFL	62C.	Please attach your check or mo	•	•	•							
		penalty (if applicable) due. Be s	•	•	•							00
	63.	Amount of income not subject t	to Arkansas tax from AR	4, Part III: (Memora	ndum only)		May the Arl Agency discu				101	Yes
		10,000					the preparer				"'	No
	57										<u> </u>	
		EASE SIGN HERE: Under the best of the best										
		payer) is based on all inform				anu coi	inpiete. Deciarat		о р	Гераг	i (Other)	,iiaii
PLEASE SIGN HER	Your	Signature			Occupation		Date		Тн	ome Te	elephone:	
밀혈	loui	oignature			Собирацогі		Date				555-93	328
•,	Spot	use's Signature			Occupation		Date		_		lephone:	
										(501)	555-12	212
	Paid	Preparer's Signature			ID Number/Socia	l Securit	y Number		F	or Dep	artment Use	Only
2					•				Α	١ .	•	
PAID EPARI	Prep	arer's Name			City/State/Zip				Е	3 •		
PAID PREPAR					<u> </u>				-	; •		T
_	Addı	ress			Telephone Numb	er				•		
			Mail REFUND returns t	o: DFA State In	come Tax. P. O. Box	: 1000. Li	ittle Rock, AR 72203-	100	_	·	+	
>	1 pe	Mailing Information	Mail TAX DUE returns	to: DFA State Inc	come Tax, P. O. Box	2144, Li	ttle Rock, AR 72203-	214	4.			
			Mail NO TAX DUE ret	urns to: DFA State In	come Tax, P. O. Box	8026, Li	ttle Rock, AR 72203-	802	б. F	•		

Please Note: DUE DATE IS APRIL 15, 2005

2004

Name Social Security Number 400-00-5503

Part I TAXABLE INTEREST INCOME

Interest on bank deposits, notes, mortgages, interest from individuals, corporation bonds, savings and loan deposits and credit union deposits are taxable. Interest on obligations of other states and subdivisions are fully taxable.

List below the names of the interest source and designate the ownership by writing Y (Yours), S (Spouse) or J (Joint).

Part II TAXABLE DIVIDEND INCOME

Dividends and other distributions on stock are fully taxable. There is no dividend exclusion applicable to Arkansas.

List below the names of the dividend source and designate the ownership by writing Y (Yours), S (Spouse) or J (Joint).

.YSJ	NAME OF PAYER	AMOUNT	1.YSJ	NAME OF PAYER	AMOUNT	
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	ld the constructs and line 4. Enter the constitution	0	_	del the accounts and bigs 4. Fortagether accounts		4
	Id the amounts on Line 1. Enter the result re and on Line 11, AR1/NR1.			dd the amounts on Line 1. Enter the result ere and on Line 12, AR1/NR1.		
Pa	rt III INCOME N	OT SUBJECT 1	O ARI	KANSAS TAX (See Instructions)		
	SOCIAL SECURITY	10000 0				
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					1	I

ARKANSAS TEST CASE # 4

FORMS REQUIRED: AR1000F, AR3, AR1000D, AR1000MS, 1099R, W-2(s) **OTHER:** Child Care Line 11, 840.00 THIRD PARTY DESIGNEE: TAXPAYER: NAME: TEST A DE TOILETTE **DOB:** 09/01/1960 SSN: 400-00-5504 **OCCUPATION:** SUPERVISOR **BLIND:** YES **DEAF:** YES **DISABLED:** NO **SPOUSE:** NAME: POLO **DOB:** 07/04/1938 SSN: 400-00-5574 **BLIND:** NO **OCCUPATION:** CLERK **DEAF:** NO **DISABLED:** NO ADDRESS: 5 GOTTA SMELL GOOD ST COLOGNE, AR 71655 FILING STATUS: MARRIED FILING SEPARATELY ON DIFFERENT RETURNS **DEPENDENT(S): NAME AGE** RELATIONSHIP STINKY 3 SON SMELLY 3 SON **INTEREST INCOME: DIVIDEND INCOME:**

DIRECT DEPOSIT: BANK NAME: RTN: ACCOUNT NUMBER:

TYPE:

		☐ corri	ECTI	ED (if checke	d)			_	
	PAYER'S name, street address, SWEET AROMA HEATH A RETIREMENT 7 FRAGRANT WAY COLOGNE AR 71655	•	\$	Gross distributi 16000 Taxable amour			1B No. 1545-0119 2004 Form 1099-R	_	Distributions From nsions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
	PAYER'S Federal identification number	RECIPIENT'S identification number		not determined Capital gain (in in box 2a)	X	4	Total distribution Federal income withheld		Copy B Report this income on your Federal tax
	41-8765432 RECIPIENT'S name	400-00-5504	\$ 5	Employee contri		\$ 6	Net unrealized appreciation in		return. If this form shows Federal income tax withheld in box 4, attach
	TEST A DE TOILETTE		\$	·		\$	employer's sec	urities	this copy to your return.
	Street address (including apt. no 5 GOTTA SMELL GOOD	•	7	Distribution code(s)	IRA/ SEP/ SIMPLE	\$	Other	%	This information is being furnished to the Internal
	City, state, and ZIP code COLOGNE AR 71655		9a	Your percentage distribution	of total %	9b \$	Total employee con	tributions	Revenue Service.
Ì	Account number (optional)		10 \$		eld		State/Payer's s		\$
			13 \$	386 Local tax withhe	eld	_	AR 41-8765 Name of localit		\$ 12500 15 Local distribution \$
I			1 4			1			l ¢

Form **1099-R**

Department of the Treasury - Internal Revenue Service

a Control number		OMB No. 15	45-0008	Safe, a FAST!	ocurate, Use	IRS P	fil		isit the IRS t www.irs.g	
b Employer identification number	42	2-8765432		1 Wa	ges, tips, o	other compens	ation	2 Feder	al income t	ax withheld
c Employer's name, address, and	d ZIP code			3 So	cial secur	rity wages		4 Socia	I security ta	ax withheld
COLOGNE CHURCH 4 GOTTA SMELL GOO COLOGNE AR 71655	D ST			5 Me	edicare wa	ages and tips	;	6 Medic	care tax wit	hheld
				7 So	cial secur	rity tips		8 Alloca	ated tips	
d Employee's social security nur		00-00-5504		9 Ad	vance EIC	C payment		10 Depe	ndent care	benefits
e Employee's first name and initi	al Last name			11 No	nqualified	l plans		12a See in	nstructions	for box 12
TEST A DE TOILETTE	D OT			13 Statuto	ory Ret	tirement Third	-party	12b		
5 GOTTA SMELL GOO COLOGNE AR 71655	081			employ	yee pla	II SICK I	зау	C o d e		
00200112711171000				14 Otl	her			12c		
				ŀ	HOUSI	NG 3,000	0	12d		
f Employee's address and ZIP of	ode				_					
15 State Employer's state ID nu 42-876543		tate wages, tips, etc.	17 State incom	ie tax	18 Local	I wages, tips, e	etc. 1	19 Local inco	ome tax	20 Locality name
42-876543	32									

Wage and Tax Statement



Department of the Treasury-Internal Revenue Service

a Control number		OMB No. 15	45-0008	Safe, a FAST!	ccurate, Use	irse v f	<i>I T.</i> T	/isit the IRS at www.irs.g	
b Employer identification number		-8765432		1 Wa		other compensation	2 Fede	ral income t 150	ax withheld
c Employer's name, address, ar SWEET AROMA HEAL		TY AIDES		3 So	cial securi	ity wages 500	4 Socia	al security ta 589	
7 FRAGRANT WAY COLOGNE AR 71655	TITAND BEAG	TTAIDEO		5 Me		ages and tips 500	6 Medi	care tax wit	
				7 So	cial securi	ity tips	8 Alloc	ated tips	
d Employee's social security nu		00-00-5504		9 Ad	vance EIC	payment	10 Depe	endent care	benefits
e Employee's first name and ini	ial Last name			11 No	nqualified	plans	12a See	instructions	for box 12
TEST A DE TOILETTE 5 GOTTA SMELL GOO	D ST			13 Statuto employ	ory Reti yee plan	irement Third-party	12b		
COLOGNE AR 71655				14 Oth	ner		12c		
							12d C O O O O O		
f Employee's address and ZIP	code								
15 State Employer's state ID no AR 41-87654		tate wages, tips, etc.	17 State incom 525	e tax	18 Local	wages, tips, etc.	19 Local inc	ome tax	20 Locality name
41-87654	32								

Wage and Tax Statement



Department of the Treasury-Internal Revenue Service

		04 AR1000 ARKANSAS IND Full Year Res		Dept. Use Onl	ly					
Jan		Dec 31, 2004 or fiscal year ending T NAME(S) AND INITIAL(S) (<i>List both if applicable</i>)	_ , 20 ● LAST NAME(S	S) (See Instru	ctions)	YOUR SOCI	AL SE	ECU	RITY NUMBER	
		EST A	1	, ,	/	•				
_ -			• DE TO			-			0-5504	
ABE	PRE	SENT ADDRESS - NUMBER AND STREET, APARTMENT	FOR RURAL RO	UTE		SPOUSE SC	CIAL	SEC	CURITY NUMBER	₹
USE LABEL RINT OR TYPE	•	5 GOTTA SMELL GOOD ST				•	40	0-0	0-5574	
ā	CITY	TOWN OR POST OFFICE, STATE AND ZIP CODE							You MUST	•
	•	COLOGNE AR	71655			IMPOR'	IAI	N I I	enter your SSN(s) abov	e A
X	1. •	SINGLE (Or widowed before 2004 or divorced at end	of 2004)	4. ● □ N	//ARRIED FII	LING SEPARATELY	T NC	HE S	SAME RETURN	
ATUS	2. •	MARRIED FILING JOINT (Even if only one had incor	me)	5. • X N	//ARRIED FII	LING SEPARATELY	D NC	IFFE	ERENT RETURN	S
FILING STATUS eck Only One Box	3. ●	HEAD OF HOUSEHOLD (See Instructions)		E	Enter spouse	's name here and SS	N abo	ove	POLO	
FILI		If the qualifying person is your child but not your depe enter this child's name here:	endent,			G WIDOW(ER) with do		dent	child.	
	HAV	E YOU FILED A FEDERAL EXTENSION? ● □ Check the Federal Federal Check the Federal	nis box if you have Extension Form 4	filed an autor 868. (See Inst	matic tr.) ■ □	Check this box if you extension to file, Fed	have eral F	an a orm	approved additio 2688. (See Instr.)	nal
	7A.	▼ YOURSELF • 65 or OVER • 65 SPECIAL	L • X BLIND	• 🗶 DEA		EAD OF HOUSEHOL				
CREDITS		☐ SPOUSE ● ☐ 65 or OVER ● ☐ 65 SPECIAL	L • 🔲 BLIND	● □ DEA		UALIFYING WIDOW	(ER)			
_	7R	First name(s) of dependents: (Do not list yourself or spouse)	Multiply	number of hou	vas abaakad f	from Line 7A	x \$2	0 =	60	00
ON O		STINKY, SMELLY	Multiply	number of dep	pendents fron	n Line 7B ● 2	× \$2	0 =	40	00
PERSONA	7C.	First name of developmentally disabled individual(s): (See	Instr.) Multiply	number of dev	velopmentally	/ disabled				00
•	7D.	TOTAL PERSONAL CREDITS: (Add Lines 7A, 7B and 7C.	individua Enter total here a	and on Line 4	4)	• 🗆 ː	7	D	100	00
_					,				(B) Spouse Inco	
						(A) Your/Total			(D) Opouse mos	
ŝ		ROUND ALL INCOME FIGURES TO WHOLE DO	_			Income	Ioo		Status 4 On	ly
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INCOME Attach W-2/1099 Form(s) here / Place check on W-2/1099 Form(s)	9A. 9B. 10. 11. 12. 13. 14. 15. 16. 17. 18A. 18B. 19. 20. 21. 22.	Wages, salaries, tips, etc.: U. S. military compensation pay: (<i>Yourfjoint gross amount</i>) U. S. military compensation pay: (<i>Spouse gross amount</i>) Minister's income: Gross \$ 10,000 Le Interest income: (<i>If over \$1,500, attach page AR4</i>)	ess rental value \$ ele C or C-EZ) Attach Federal Sci portant Line 18 Amount • s 4 Only): Amount • Federal Schedule	00 Les 3,000	ss \$6,000 9A ss \$6,000 10 11 12 13 14 15 16 17 Page 15) \$6,000 18A Less \$6,000 18B 19 20 21	7,000 -1,500	00 00 00 00 00 00 00 00 00 00	9B 10 11 12 13 14 15 16 17 18B 19 20 21 22 1	Status 4 On	OC
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INCOME Attach W-2/1099 Form(s) here / Place check on W-2/1099 Form(s)	9A. 9B. 10. 11. 12. 13. 14. 15. 16. 17. 18A. 18B. 19. 20. 21. 22. 23. 24.	Wages, salaries, tips, etc.: U. S. military compensation pay: (<i>Yourfjoint gross amount</i>) U. S. military compensation pay: (<i>Spouse gross amount</i>) Minister's income: Gross \$ 10,000 Le Interest income: (<i>If over \$1,500, attach page AR4</i>)	ess rental value \$ ele C or C-EZ) Attach Federal Sci portant Line 18 Amount • s 4 Only): Federal Schedule	00 Les Les 3,000	ss \$6,000 9A ss \$6,000) 10	7,000 7,000 10,000	00 00 00 00 00 00 00 00 00 00 00 00 00	9B 10 11 12 13 14 15 9 16 17 18B 19 20 21 22 9 23 24	Status 4 On	OC OC OC OC OC OC OC OC
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ADJUSTMENTS Attach W-2/1099 Form(s) here / Place check on W-2/1099 Form(s)	9A. 9B. 10. 11. 12. 13. 14. 15. 16. 17. 18A. 18B. 19. 20. 21. 22. 23. 24. 25. 26. 27.	Wages, salaries, tips, etc.: U. S. military compensation pay: (<i>Yourfjoint gross amount</i>) U. S. military compensation pay: (<i>Spouse gross amount</i>) Minister's income: Gross \$ 10,000 Le Interest income: (<i>If over \$1,500, attach page AR4</i>)	ess rental value \$ ele C or C-EZ) Attach Federal Sci portant Line 18 Amount • s 4 Only): Amount • Federal Schedule fons)	00 Les 3,000 Les 3,000	ss \$6,000 9A ss \$6,000 10 11 12 13 14 15 16 17 Page 15) \$6,000 18A \$6,000 18B 20 21 22 23 24 25 26 27 28	7,000 7,000 10,000	00 00 00 00 00 00 00 00 00 00 00 00 00	9B 10 11 12 13 14 15 16 17 17 18B 19 20 21 22 23 24 25 6 27 28	Status 4 On	OC OC OC OC OC OC OC OC

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00 33 • 30,500 00 34 •

							(A) Your/Total Income				Spouse Inco		_
	35.		E: (Erom Lino 34 Column	and P. Pogo	A D 1)	25	30,500	00	25			00	_
	36.	ADJUSTED GROSS INCOME	•	is A and B, Page I	AR1)	35	30,300	00	35			- 100	_
	30.	Select tax table: (Check the ap	· · ·	REGULAR Ta	pblo 2								
z		If you qualify for the Low Incom	_	_									
TAX COMPUTATION		· · · · · ·	d Deductions (See ite	,	•								
Ę		the larger OR	a beddetions (occ no	inized deddellon .	scricadic, Line 20)								
ΜĀ		· I —	rd Deduction (See Sta	andard Deduction	Instr ine 36)	36.	3,496	00	36 •			00)
õ	37.	NET TAXABLE INCOME: (Sub	,		,		27,004					00	_
₹	38.	Tax: (Enter tax from tax table)				_	1,145					00	-
	39.	Combined tax: (Add amounts fr				_	,	_			1.1	45 00	_
	40.	Income Tax Surcharge: (Multipl							-			34 00	_
	41.	Enter tax from Lump Sum Distr										00	-
	42.	IRA and qualified plan withdraw										00	5
	43.	TOTAL TAX: (Add Lines 39 th		•					-		1,1	<mark>79</mark> 00	5
	44.	Personal Tax credit: (Enter total					100		_				
	45.	State Political Contributions cre					I	00					
s	46.	Other State Tax credit: [Attach a					I	00					
CREDITS	47.	Child care credit: (Attach Feder					168	00					
CRE	48	Credit for adoption expenses: (Attach Form 8839)			48 ●		00					
TAX	49.	Phenylketonuria Disorder credit	t: (See Instructions. Attac	ch AR1113)		49 ●		00					
F	50.	Business and Incentive Tax cre	edit: (Attach schedule and	d certificate)		50 ●		00	_				
	51.	TOTAL CREDITS: (Add Line	es 44 through 50)						.51 ●		2	68 00)
	52.	NET TAX: (Subtract Line 51 f	irom Line 43. If Line 51 is	greater than Line	43, enter 0)				52●		9	11 00)
	53.	Arkansas Income Tax withheld:					911	00					
LS	54.	Estimated tax paid or credit bro						00					
Ž	55.	Payments made with extension	n: (See Instructions)			55 ●	I	00					
PAYMENTS	56.	Early childhood program: Certif				_							
•		(Attach Fed. Form 2441 or 1040				_	l l	00					
	57.	TOTAL PAYMENTS: (Add L									9	11 00	-
ш	58.	AMOUNT OF OVERPAYM	•	•	•	´—	1					00)
DOE	59.	Amount to be applied to 2005 6						00	ł				
ΤĀΧ	60.	Amount of Checkoff Contribution				_		00				100	_
OR TAX	61.	AMOUNT TO BE REFUND							-			00	-
Ž	62.	AMOUNT DUE: (If Line 57 is le		_		ons) 0)E	62 ●[<u> </u>		00	_
REFU	62A.	Attach Form AR2210: Enter Ex	· —	_					Г			\neg	_
2	162C.	Please attach your check or mo penalty (if applicable) due. Be s	,	•		•		= 6	20.			00	^
	63.	Amount of income not subject t	•		-		May the Ark						_
	05.	Amount of income not subject t	O Alkansas tax nom Alk	+, i ait iii. (ivierrior	andum omy)		Agency discu					Yes	
							the preparer					No	
	DI	EASE SIGN HEDE		dama I da alama	that I have aven								-
		EASE SIGN HERE: Utements, and to the best of											
Ää		payer) is based on all inform				uu 00.	pioto: Boolaiat.	•	о. р.	ори. о	. (00		
PLEASE SIGN HERE	Your	r Signature			Occupation		Date		Н	ome Te	lephone:		-
<u> </u>		9											
•	Spoi	use's Signature			Occupation		Date		W	ork Tel	ephone:		-
	Paid	l Preparer's Signature			ID Number/Socia	al Securit	y Number		F	or Depa	ertment Us	e Only	
2					•				Α		•		
PAID PREPARER	Prep	parer's Name			City/State/Zip				В	•			
g Ä										. •		\top	-
	Add	ress			Telephone Numb	per			<u> </u>	•			_
	_		Mail REFUND returns to	DEA State I	ncome Tay P O Po	v 1000 Ti	ittle Rock, AR 72203-1	000			+-	_	_
>	I p	Mailing Information	Mail TAX DUE returns t	o: DFA State I	ncome Tax, P. O. Bo	x 2144, Li	ittle Rock, AR 72203-2	2144	4. _	•	+-	<u> </u>	_
	~ `		Mail NO TAX DUE retu	irns to: DFA State I	ncome Tax, P. O. Bo	x 8026, Li	ittle Rock, AR 72203-8	8026	6. F	•			

AR3 ARKANSAS INDIVIDUAL INCOME TAX RETURN Itemized Deduction Schedule

Name	Social Security Number	
TEST DE TOILETTE	400-00-	5504
MEDICAL AND DENTAL EXPENSES: [Do not include expense(s) paid by others]. (See Instructions	s)	
Medical and dental expenses:]
2. Enter amount from AR1000/AR1000NR, Line35A and 35B		1
3. Multiply Line 2 by 7.5% (.075)		·
4. TOTAL MEDICAL EXPENSE: (Subtract Line 3 from Line 1; If Line 3 is more than Line 1, enter -0-)	4	1650 00
TAXES: (See Instructions)		1
5. Real estate tax:		
6. Personal property tax or other taxes (Attach List):	6 <u>50</u> 00	·
7. TOTAL TAXES: (Add Lines 5 and 6)	72	► 550 00
INTEREST EXPENSE: (See Instructions)		1
Home mortgage interest paid to financial institutions:	8 3400 00	
Home mortgage interest paid to an individual:		
Name:		
Address:	· ·	
10. Deductible points:		
11. Investment interest: (Attach Federal Form 4952)		· _
12. TOTAL INTEREST EXPENSE: (Add Lines 8 through 11)	122	3400 00
CONTRIBUTIONS: (See Instructions)		1
13. Cash contributions:	· · · · · · · · · · · · · · · · · · ·	
14. Art and literary contributions: (See Instructions)		
15. Check-off contributions: (See Instructions)		
16. Other:]
17. Carryover contributions from prior years:		
18. TOTAL CONTRIBUTIONS: (Add Lines 13 through 17)	182	▶ 00
CASUALTY AND THEFT LOSSES: (See Instructions)		
19. TOTAL CASUALTY AND THEFT LOSSES: (Attach Federal Form 4684)	192	▶ 00
POST-SECONDARY EDUCATION TUITION DEDUCTION: (See Instructions)		
20. TOTAL POST-SECONDARY EDUCATION TUITION DEDUCTION: [Attach AR1075(s)]	20	▶ 00
MISCELLANEOUS DEDUCTIONS SUBJECT TO 2% AGI LIMIT: (See Instructions)	T	1
21. Unreimbursed employment business expenses: (Attach Federal Form 2106)		
22. Other Expenses: (List type and amount)	22 00	+
23. Add the amounts on Lines 21 and 22. Enter the total.		J
, , , , , , , , , , , , , , , , , , , ,	0	1
25. Multiply Line 24 above by 2% (.02)		'
26. TOTAL MISCELLANEOUS DEDUCTIONS: (Subtract Line 25 from Line 23; If Line 25 is more than L	ine 23, enter -0-) 26)	> 00
OTHER MISCELLANEOUS DEDUCTIONS: (See Instructions)		
27. TOTAL MISCELLANEOUS DEDUCTIONS NOT SUBJECT TO THE 2% AGI LIMITATION. (Attach li	(st) 27)	2000 00
TOTAL ITEMIZED DEDUCTIONS:		
28. If the amount on AR1000/AR1000NR, Line 35A and 35B is \$142,700 or less (\$71,350 if married		
filing separately on separate returns), add Lines 4, 7, 12, 18, 19, 20, 26 and 27. Enter the total here.		
If the amount on AR1000/AR1000NR, Line 35A and 35B is over \$142,700 (\$71,350 if married filing s	•	
separate returns), see worksheet in the instructions to calculate the allowable amount to enter. Enter		7000
IF YOU CHECKED FILING STATUS 1, 2, 3 OR 6, enter the allowable amount here and on AR1000/.		
Note: Complete lines 29 through 33 ONLY if you and	YOUR Adjusted Gross Income	SPOUSE'S Adjusted Gross Income
your spouse are using Filing Status 4 or 5.	Line 35, Column A	Line 35, Column B
29. Enter the adjusted gross income from AR1000/AR1000NR Line 35, Columns A and B here 29A		
30. Total Arkansas adjusted gross income, add columns 29A and 29B from above and enter here	30	66531
31. Divide the amount on Line 29A by the amount on Line 30. Enter the percentage here.		
32. Multiply Line 28 by the percentage on Line 31. Enter here and on AR1000/AR1000NR, Line 36, Col.	A (YOU) 32	3496 00
33. Subtract Line 32 from Line 28. Enter here and on AR1000/AR1000NR, Line 36, Col. B. If you and your spouse are using Filing status 5, enter this amount on Line 36, Col. A of your spouse's	s return (SPOUSE) 33	4104 00

AR1000D

STATE OF ARKANSAS CAPITAL GAINS SCHEDULE INDIVIDUAL INCOME TAX RETURN

Name Social Security Number TEST A DE TOILETTE 400-00-5504

STATE TAX DEPRECIATION PROVISION UNAFFECTED BY NEW FEDERAL LAW

Arkansas has not adopted the depreciation provisions contained in the Job Creation Workers Act of 2002 and the Jobs and Growth Tax Relief Reconciliation Act of 2003.

While the new depreciation provisions may be used for federal returns, Arkansas operates under a different tax code. On Arkansas income tax returns, taxpayers must file following the rules in sections 167, 168, 179, and 179A under the Internal Revenue Code of 1986, enacted January 1, 1999.

Arkansas does not recognize the 50% bonus depreciation or the increased Section 179 expense provisions, therefore there may be differences in the Arkansas and the federal basis of assets that you dispose of during the year. These and any other differences should be reconciled using the adjustment lines in the worksheet below.

You can find more information about Arkansas tax code, or file your income tax electronically, by visiting the Department of Finance and Administration web site at www.arkansas.gov/dfa

Complete this worksheet if you have a CAPITAL GAIN OR LOSS reported on Federal Schedule D, or if Sch. D is not required, a gain reported on Federal Form 1040, Line 13.

Adjust your gains and losses for any differences in the federal and Arkansas amounts using Lines 2, 5 and 10.

Attach this schedule to your return.

		(A) Per Federal Sch	ı D	(B) You		(C) Your Spouse
1.	Enter Federal Long-Term Capital Gain or Loss reported on Line 15,					
	Federal Schedule D or Form 1040, Line 13 1	-1,500	00	-1,500	00	00
2.	Enter adjustment, if any, for differences in federal and state					
	amounts.		2		00	00
3.	Arkansas Long-Term Capital Gain or Loss, add (or subtract) Line 1 and	nd Line 2	3	-1,500	00	00
4.	Enter Federal Net Short-Term Capital Loss, if any, reported					
	on Line 7, Federal Schedule D 4		00		00	00
5.	Enter adjustment, if any, for differences in federal and state					
	amounts.		5		00	00
6.	Arkansas Net Short-Term Capital Loss, add (or subtract) Line 4 and L	ine 5	6		00	00
7.	Arkansas Net Capital Gain or Loss (If gain, subtract Line 6 from 3. If lo	oss add Lines 6 and 3)	. 7	-1,500	00	00
8.	Arkansas Taxable Amount, if a Gain multiply Line 7 by 70 percent (.70), otherwise enter Loss.	8	-1,500	00	00
9.	Enter Federal Short-Term Capital Gain, if any, reported on					
	Line 7, Federal Schedule D		00		00	00
10.	Enter adjustment, if any, for differences in federal and state					
	amounts.		10		00	00
11.	Arkansas Short-Term Capital Gain, add (or subtract) Line 9 and Line	10	11		00	00
12.	Total taxable Arkansas Capital Gain or Loss, add Lines 8 and 11, enter	er here				
Δ Ρ 1000	and on Line 15, AR1000/AR1000NR		12	-1,500	00	00

STATE OF ARKANSAS Miscellaneous Statement

Name(s) as shown on return	Social Security Number					
TEST A DE TOILETTE	400-00-5504					
AR1000, LINE 21: GAMBLING WINNINGS 2,000.0	00, RADIO WINNINGS 4,000.00,					
AR1000, Line 21: OTHER 4,000.00						
AR3, LINE 27: GAMBLING LOSSES 6,000.00						

ARKANSAS TEST CASE # 5

DIRECT DEPOSIT: BANK NAME:

ACCOUNT NUMBER:

RTN:

TYPE:

FORMS REQUIRED: AR1000F, AR1000TD, AR2210, W-2, 1099R OTHER: AUTUMN - DISABLED, FEDERAL 2688 DUE DATE: 10/15/2005 THIRD PARTY DESIGNEE: TAXPAYER: NAME: TEST U GRASS **DOB:** 01/15/1940 SSN: 400-00-5505 **OCCUPATION:** JANITOR **BLIND:** NO **DEAF:** NO **DISABLED:** NO **SPOUSE: NAME:** MAY B GRASS **DOB:** 11/15/1935 SSN: 400-00-5525 **OCCUPATION:** CLERK **BLIND:** NO **DEAF:** NO **DISABLED:** NO **ADDRESS:** 74131 FESCUE DR RYE, AR 71655 FILING STATUS: MARRIED FILING SEPARATELY ON SAME RETURN **DEPENDENT(S): NAME AGE** RELATIONSHIP 18 **DAUGHTER AUTUMN INTEREST INCOME: DIVIDEND INCOME:**

		☐ CORRE	CTI	ED (if checke	d)					
Ī	PAYER'S name, street address, city, state, and ZIP code			1 Gross distributio			1B No. 1545-0119			
	BANK OF DISTRIBUTION 123 MONEY AVENUE HUCKABEE AR 71655	IS	\$ 2a \$	50000 a Taxable amour 50000	nt		20 04 Form 1099-R	Pe	nsions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
l			21	Taxable amour			Total distribution	. X i	Сору В	
l	PAYER'S Federal identification number	RECIPIENT'S identification number	3	Capital gain (in in box 2a)		4	Federal income withheld		Report this income on your Federal tax return. If this	
l	98-7654321	400-00-5525	\$			\$	13600		form shows Federal income	
	RECIPIENT'S name		5	Employee control or insurance pre		6	Net unrealized appreciation in employer's sec	urities	tax withheld in box 4, attach this copy to	
l	MAY B GRASS		\$			\$			your return.	
l	Street address (including apt. no	p.)	7	Distribution code(s)	IRA/ SEP/	8	Other		This information is	
l	74131 FESCUE DR			,,	SIMPLE	\$		%	being furnished to	
	City, state, and ZIP code RYE AR 71655		9a	Your percentage distribution	of total %		9b Total employee contributions		Revenue Service.	
ſ	Account number (optional)		10	State tax withhe	eld	11	State/Payer's s	tate no.	12 State distribution	
l			\$				98-765432	 1	\$ \$ 50000	
İ			13	Local tax withhe	eld	14	Name of localit		15 Local distribution	
			\$						\$ \$	

Form **1099-R**

Department of the Treasury - Internal Revenue Service

a Control number		OMB No. 15	45-0008	Safe, a FAST!	ccurate, Use	irse v f	Ð	Visit the IRS at www.irs.ç			
b Employer identification number 02-9876543					ges, tips, o	other compensation 1500	2 Fed	eral income t	tax withheld		
c Employer's name, address, and ZIP code						ity wages 1500	4 Soc	4 Social security tax withheld 1519			
LAST JOB INC 97 WHEATLEY AVE RYE AR 71655				5 Medicare wages and tips 6 Medicare tax withheld 355							
KIE /IK / 1000				7 So	cial secur	ity tips	8 Allo	cated tips			
d Employee's social security nur		00-00-5505		9 Ad	vance EIC	C payment	10 Dep	endent care	benefits		
e Employee's first name and init	al Last name			11 No	nqualified	l plans	12a See	instructions	for box 12		
TEST U GRASS				13 Statuto	ory Ret	tirement Third-party n sick pay	12b				
74131 FESCUE DR					Ė		o d e				
RYE AR 71655				14 Otl	ner		12c				
							12d C O d e				
f Employee's address and ZIP of	ode										
15 State Employer's state ID nu AR 02-98765		tate wages, tips, etc.	17 State incom	e tax	18 Local	I wages, tips, etc.	19 Local in	come tax	20 Locality name		
02-98765	43										

Wage and Tax Statement



Department of the Treasury-Internal Revenue Service

a Control number		OMB No. 15	545-0008		accurate, ! Use	IRS	₩fi	Ð		t the IRS	
b Employer identification number	02	-5689124		1 V	/ages, tips,	other comp 7500	pensation	2 F	ederal	income t	ax withheld
c Employer's name, address, and				3 S	ocial secui	rity wages	5	4 S	Social s	security to 1085	ax withheld
SNODGRASS FEED AND SEED 1 PLANTATION ST RYE AR 71655					5 Medicare wages and tips 17500 6 Medicare tax withheld 254						hheld
7117 7117 71600				7 Social security tips 8 Allocated tips						ed tips	
d Employee's social security num		00-00-5525		9 A	dvance El	C paymer	nt	10 🗅	epend	dent care	benefits
e Employee's first name and initia	al Last name			11 N	lonqualified	d plans		C	ee ins	tructions	for box 12
MAY B GRASS				Ctot	utani Da	tirement	Third-party	d e			
74131 FESCUE DR				13 Stat	loyee pla		sick pay	12b	1		
RYE AR 71655				14 C				12c			
				14 (, ti lei			C a			
								12d			
f Employee's address and ZIP co	ode										
15 State Employer's state ID nur AR 02-568912		ate wages, tips, etc.	17 State incom		18 Loca	l wages, ti	ps, etc.	19 Local	l incom	ne tax	20 Locality name
02-568912	4										

W-2 Wage and Tax Statement



Department of the Treasury-Internal Revenue Service

2	20	04 AR1000 ARKANSAS INDI	VIDUAL INC	OME TAX RETURN Dept. Use Only					F	
	1 - [Dec 31, 2004 or fiscal year ending	, 20 •	•						
	FIRS	ST NAME(S) AND INITIAL(S) (List both if applicable)	LAST NAME(S) (See Instructions)	Y	OUR SOCIAL S	ECL	JRITY NUMBE	R	
Щ.	• 1	TEST U & MAY B	• GRASS	S	•	40	0-0	00-5505		
影	PRE	SENT ADDRESS - NUMBER AND STREET, APARTMENT	OR RURAL RO	UTE	S	POUSE SOCIA	L SE	CURITY NUM	BER	
USE LABEL	•	74131 FESCUE DR			•	40	0-0	00-5525		
8	CITY	, TOWN OR POST OFFICE, STATE AND ZIP CODE			_			You MU		
	•	RYE AR 7165	55		•	MPORTA	NT	enter yo SSN(s) a	/ /	
	1. •	SINGLE (Or widowed before 2004 or divorced at end of	of 2004)	4. ● X MARRIED F	ILING SEF	PARATELY ON	ГНЕ	SAME RETUR	kN .	
PATUS One B	2. •	MARRIED FILING JOINT (Even if only one had income	e)	5. ● ☐ MARRIED F	ILING SEF	PARATELY ON	OIFF	ERENT RETU	RNS	
FILING STATUS Check Only One Box	3. ●	HEAD OF HOUSEHOLD (See Instructions)		Enter spouse	e's name h	ere and SSN at	ove			
FIL		If the qualifying person is your child but not your depen- enter this child's name here:				VIDOW(ER) with dependent child. ed:(See Instructions)				
	HAV	E YOU FILED A FEDERAL EXTENSION? Check this Federal E	s box if you have xtension Form 4	e filed an automatic 868. (See Instr.)	Check thi extension	s box if you hav to file, Federal	e an Form	approved add 2688. (See Ins	litional str.)	
	7A.	▼ YOURSELF • ☐ 65 or OVER • ☐ 65 SPECIAL	• 🔲 BLIND			HOUSEHOLD/				
CREDITS		■ SPOUSE • ■ 65 or OVER • ■ 65 SPECIAL	• 🔲 BLIND	● □ DEAF	UALIFYIN	IG WIDOW(ER)			
PERSONAL CRE	7B.	First name(s) of dependents: (Do not list yourself or spouse)	Multiply	number of boxes checked	from Line 7	γ _A 4 × \$2	20 =	80 20	00	
SON	70	AUTUMN First name of developmentally disabled individual(s): (See In.	Multiply	number of dependents fro	m Line 7B .	● 🗓 X \$:	20 =		00	
PER	/ (.	riist name of developmentally disabled individual(s). (See in-	STr.) Multiply individu	number of developmentall	y disabled	● □ x \$5	00=		00	
_	7D.	TOTAL PERSONAL CREDITS: (Add Lines 7A, 7B and 7C. E	= Enter total here a	and on Line 44)		 	7D	100	00	
		ROUND ALL INCOME FIGURES TO WHOLE DOL	LADS		(A)	Your/Total Income		(B) Spouse II		
(s)	8.	Wages, salaries, tips, etc.:	_	8		24,500 00	8		7,500 00	
e.	_	U. S. military compensation pay: (Your/joint gross amount)		00 Less \$6,000 9A		00	ľ		,000	
96		U. S. military compensation pay: (Spouse gross amount)	—			<u> </u>	9B		00	
2/10		Minister's income: Gross \$ Less							00	
≟			s rental value \$	10		00	1	ļ	100	
		Interest income: (If over \$1,500, attach page AR4)				00	10 11		00	
k on		Interest income: (If over \$1,500, attach page AR4)		11			10 11			
heck on	12.			11		00	10 11 12		00	
E se check on l	12.	Interest income: (If over \$1,500, attach page AR4)				00	10 11 12 13		00	
OME Place check on	12. 13.	Interest income: (If over \$1,500, attach page AR4)			•	00 00 00	10 11 12 13	•	00	
INCOME re / Place check on \	12. 13. 14.	Interest income: (If over \$1,500, attach page AR4)	c C or C-EZ) tach Federal Sc		•	00 00 00 00	10 11 12 13 14	•	00	
INCOME) here / Place check on \	12. 13. 14. 15.	Interest income: (If over \$1,500, attach page AR4)	c C or C-EZ) tach Federal Sc		•	00 00 00 00	10 11 12 13 14 15 16	•	00	
INCOME m(s) here / Place check on \	12. 13. 14. 15. 16. 17.	Interest income: (If over \$1,500, attach page AR4)	C or C-EZ) tach Federal Sc		•	00 00 00 00 00	10 11 12 13 14 15 16	•	00	
INCOME Form(s) here / Place check on \	12. 13. 14. 15. 16. 17. 18A.	Interest income: (If over \$1,500, attach page AR4)	e C or C-EZ) tach Federal Sc ortant Line 18 nount •		•	00 00 00 00 00	10 11 12 13 14 15 16	•	00	
INCOME 099 Form(s) here / Place check on \	12. 13. 14. 15. 16. 17. 18A.	Interest income: (If over \$1,500, attach page AR4)	e C or C-EZ) tach Federal Sc cortant Line 18 nount • 4		•	00 00 00 00 00 00	10 11 12 13 14 15 16	•	00	
INCOME I-2/1099 Form(s) here / Place check on \	12. 13. 14. 15. 16. 17. 18A.	Interest income: (If over \$1,500, attach page AR4)	ortant Line 18 nount 4 Only): nount 10	11 12 13 14 14 15 15 16 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	•	00 00 00 00 00 00 00	10 11 12 13 14 15 16 17		00	
INCOME ch W-2/1099 Form(s) here / Place check on \	12. 13. 14. 15. 16. 17. 18A.	Interest income: (If over \$1,500, attach page AR4)	ortant Line 18 nount 4 Only): nount Federal Schedul	11	•	00 00 00 00 00 00 00	10 11 12 13 14 15 16 17		000	
INCOME ittach W-2/1099 Form(s) here / Place check on \	12. 13. 14. 15. 16. 17. 18A. 18B.	Interest income: (If over \$1,500, attach page AR4)	e C or C-EZ) tach Federal So cortant Line 18 nount 4 Only): nount Federal Schedul	11 12 13 14 15 16 16 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	•	00 00 00 00 00 00 00	10 11 12 13 14 15 16 17		000	
INCOME Attach W-2/1099 Form(s) here / Place check on \	12. 13. 14. 15. 16. 17. 18A. 18B. 19. 20. 21.	Interest income: (If over \$1,500, attach page AR4)	cortant Line 18 nount • 4 Only): nount •	11	•	00 00 00 00 00 00 00 00	10 11 12 13 14 15 16 17 18B 19 20 21		000	
INCOME Attach W-2/1099 Form(s) here / Place check on \(\)	12. 13. 14. 15. 16. 17. 18A. 18B. 19. 20. 21. 22.	Interest income: (If over \$1,500, attach page AR4)	ortant Line 18 nount 4 Only): nount Federal Schedul	11	•	00 00 00 00 00 00 00 00 00 24,500 00	10 11 12 13 14 15 16 17 18B 19 20 21 22		00 00 00 00 00 00 00 00 00 00 00 00 00	
INCOME Attach W-2/1099 Form(s) here / Place check on \	12. 13. 14. 15. 16. 17. 18A. 18B. 20. 21. 22.	Interest income: (If over \$1,500, attach page AR4)	ortant Line 18 nount • 4 Only): nount •	11	•	00 00 00 00 00 00 00 00 00 24,500 00	10 11 12 13 14 15 16 17 18B 19 20 21 22 23		00 00 00 00 00 00 00 00 00 00 00 00 00	
INCOME Attach W-2/1099 Form(s) here / Place check on 1	12. 13. 14. 15. 16. 17. 18A. 18B. 20. 21. 22. 23. 24.	Interest income: (If over \$1,500, attach page AR4)	ortant Line 18 nount • 4 Only): nount • Federal Schedul	11	•	00 00 00 00 00 00 00 00 00 24,500 00	10 11 12 13 14 15 16 17 18B 19 20 21 22 23 24	• 17	000000000000000000000000000000000000000	
INCOME Attach W-2/1099 Form(s) here / Place check on 1	12. 13. 14. 15. 16. 17. 18A. 18B. 19. 20. 21. 22. 23. 24. 25.	Interest income: (If over \$1,500, attach page AR4)	ortant Line 18 nount • 4 Only): nount • Federal Schedul	11	•	00 00 00 00 00 00 00 00 00 24,500 00 00	10 11 12 13 14 15 16 17 18B 19 20 21 22 23 24 25	• 17	000	
Attach W-2/1099 Form(s) her	12. 13. 14. 15. 16. 17. 18A. 18B. 20. 21. 22. 23. 24. 25.	Interest income: (If over \$1,500, attach page AR4)	cortant Line 18 nount • 4 Only): nount • Federal Schedul	11	•	00 00 00 00 00 00 00 00 00 24,500 00 00 00	10 11 12 13 14 15 16 17 18B 19 20 21 22 23 24 25 26	• 17	000	
MENTS Attach W-2/1099 Form(s) here / Place check on 1	12. 13. 14. 15. 16. 17. 18A. 18B. 19. 20. 21. 22. 23. 24. 25.	Interest income: (If over \$1,500, attach page AR4)	cortant Line 18 nount • 4 Only): nount • Federal Schedul	11	•	00 00 00 00 00 00 00 00 00 24,500 00 00	10 11 12 13 14 15 16 17 18B 19 20 21 22 23 24 25 26 27	• 17	000	

 29. Forfeited interest penalty for premature withdrawal:
 29

 30. Alimony/separate maintenance paid to: Name:
 SSN:
 30

00 29

00 31

00 32

00 30

24,250

00

17,250

						(A)	Your/Total Income		(В) Spouse In Status 4	
	35.	ADJUSTED GROSS INCOME	- (From Line 34 Columns A a	and B. Page AR1)	35		24,250 0	0 35	, [17.	250 ₀₀
	36.	Select tax table: (Check the ap	•	,,			, ,	7		,	
		● LOW INCOME		EGULAR Table 2							
Z		If you qualify for the Low Incom	_		nen:						
TAX COMPUTATION		Enter • Itemize	d Deductions (See itemize	d deduction sched	lule, Line 28)						
Ž		the larger OR	`		,						
ĕ		of your:	rd Deduction (See Standar	d Deduction Instr.,	Line 36) 36	•	2,000 0	0 36	6	2,	000 00
×	37.	NET TAXABLE INCOME: (Sub	tract Line 36 from Line 35)		37	•	22,250 0	0 37	· • 🔽	15,	250 00
₽	38.	Tax: (Enter tax from tax table)			38		857 0	0 38	₃		<mark>464</mark> 00
	39.	Combined tax: (Add amounts fr	rom Lines 38A and 38B and e	nter here)				 39)	1,	321 00
	40.	Income Tax Surcharge: (Multipl	ly Line 39 by 3% (.03); <mark>TEXAF</mark>	RKANA RESIDEN	TS SEE INSTRUC	CTIONS)		40) •		40 00
	41.	Enter tax from Lump Sum Distr	ibution Averaging Schedule: (Attach AR1000TD)			41	•		640 00
	42.	IRA and qualified plan withdraw	al and overpayment penalties	: (Attach Federal I	orm 5329, if requi	red)		42	≟•		00
	43.	TOTAL TAX: (Add Lines 39 th						43	3●	2,	001 00
	44.	Personal Tax credit: (Enter total					100 0	0			
	45.	State Political Contributions cre					0	-			
2	46.	Other State Tax credit: [Attach a					0	-			
CREDITS	47.	Child care credit: (Attach Feder			*	_	0	-			
	48	Credit for adoption expenses: (0	-			
ΤĀ	49.	Phenylketonuria Disorder credit					0	-			
	50.	Business and Incentive Tax cre					0	_			400 00
	51.	TOTAL CREDITS: (Add Line	- ·								100 00
	52.	NET TAX: (Subtract Line 51 fi								Ι,	901 00
	53.	Arkansas Income Tax withheld: Estimated tax paid or credit bro				_	500 0	-			
PAYMENTS	54.	Payments made with extension					0	-			
Ξ	55.				55	┺	0	4			
Æ	56.	Early childhood program: Certif (Attach Fed. Form 2441 or 1040)		0EC 20% of End	credit allowed) 56		0	ام			
	57.	TOTAL PAYMENTS: (Add L							•		500 00
	58.	AMOUNT OF OVERPAYMI									00
DOE	59.	Amount to be applied to 2005 e	•	•	•		0	_			-
	60.	Amount of Checkoff Contribution					0	0			
OR TAX	61.	AMOUNT TO BE REFUND					REFUNI	- 61	• 😊		00
	62.	AMOUNT DUE: (If Line 57 is le	ess than Line 52, enter differer	nce; If over \$1,000	See Instructions)		TAX DUI	62	2●⊗	1,	401 00
ΩND	62A.	Attach Form AR2210: Enter Ex	ception in box 62A ● 5	Penalty 62E	3●	00					
REFU	62C.	Please attach your check or mo	oney order, made out to "Dept	. of Finance and A	dministration", for t	he tax a	ind				
		penalty (if applicable) due. Be s	sure to write your Social Secur	ity Number on you	ır check:		TOTAL DUE	62C	•	1,	401 ₀₀
	63.	Amount of income not subject t	to Arkansas tax from AR4, Par	rt III: <i>(Memorandui</i>	m only)		May the Arka				Yes
							Agency discus the preparer s				No
							the preparer s	IOWI	i Delo	/v :	
		EASE SIGN HERE: U									
Ж		tements, and to the best of payer) is based on all inform				compl	ete. Declaratio	n of	prep	arer (othe	r than
PLEASE SIGN HERE			audii di wilich preparer i								
P.E.	Your	r Signature		Oc	cupation	Da	ate		Home	e Telephone	
S	Snoi	use's Signature		00	cupation	D:	ate		\Mork	Telephone:	
	Spot	use's Signature			cupation	ا	ale		VVOIK	reiepriorie.	
	Paid	I Preparer's Signature		חו	Number/Social Sec	curity Ni	ımber		For D	epartment l	Jse Only
œ	l'aid	Tricparci o dignatare			Tarribon Codian Co.	Juney 140			А		•
ARE A	Pren	parer's Name		Cit	y/State/Zip				В●		
PAID PREPARER		-			·				\vdash		-
¥.	Add	ress		Tel	ephone Number				C •	 	
			T						D●		i
>		Mailing Information	Mail REFUND returns to: Mail TAX DUE returns to:		e Tax, P. O. Box 100 e Tax, P. O. Box 214				E●		
٦	<u>سک</u> '	3 3	Mail NO TAX DUE returns to						F●		

AR1000TD STATE OF ARKANSAS 2004

Lump Sum Distribution Averaging

For Total Distribution from Qualified Retirement Plan

Attach to AR1000 or AR1000NR

See Instructions on Reverse Side

MIACTI TO AR TOUG OF AR TOUGHR				Structions or	
Name(s) as shown on return TEST U & MAY B	GRASS	Socia		rity Number 00-00-55	
PART I Complete this part to see if you qualify				YES	NO
Was this a distribution of a plan participant's entire balance from all of an em					140
(pension, profit-sharing, or stock bonus)? If "No", do not use this form			1	×	
 Did you roll over any part of the distribution? If "Yes", do not use this 1 	form		2		×
		4000			×
 Was this distribution paid to you as a beneficiary of a plan participant who was 	as born before January 2,	1936?	3		
4. Were you (a) a plan participant who received this distribution (b) born before				×	
in the plan for at least 5 years before the year of the distribution?			4		
 Did you use Form AR1000TD for a previous distribution from your own plan 2004 distribution from your own plan 			5a		×
 If you are receiving this distribution as a beneficiary of a plan participant who previous distribution received for that plan participant? If "Yes," you may 	-		b		×
PART II 10 YEAR A	VERAGING				
Refer to Instructions to see if you qualify for 10 year averaging					
1. Total income from payer's statement. (Form 1099R, Box 2a). (Enter on this li	ine instead of on AR1000	or AR1000NR.)	1	50,	000
2. Current actuarial value of annuity from Form 1099R, Box 8. If none, enter -0-	-)		2		
3. Total taxable amount. (Add Lines 1 and 2.) If total is \$70,000 or more, skip	Lines 4 through 7 and ente	er amount on Line 8	3	50,	000
4. Multiply Line 3 by 50% (.50); but do not enter more than \$10,000	4	10,000			
5. Subtract \$20,000 from Line 3. (Enter the difference.)					
If result is zero or less, enter -05	30,000				
6. Multiply Line 5 by 20% (.20)	6	6,000			
7. Minimum distribution allowance. (Subtract Line 6 from Line 4.)			7	4,0	000
8. Subtract Line 7 from Line 3.			8	46,	000
9. Enter 10% (.10) of Line 8.			9	4,6	000
10. Tax on the amount on Line 9. (Use the tax rate schedule on reverse side.)			. 10	6	4
11. Multiply Line 10 by 10. If Line 2 is zero, skip Lines 12 through 17, and enter of	on Line 18		. 11 🗌	64	40
12. Divide Line 2 by Line 3. (Carry to four decimal places.)			. 12		
13. Multiply Line 7 by Line 12			. 13		
14. Subtract Line 13 from Line 2			. 14		
15. Multiply Line 14 by 10% (.10)			. 15		
16. Tax on amount on Line 15. (Use tax rate schedule on reverse side.)			. 16		
17. Multiply Line 16 by ten (10).			. 17		
18. Subtract Line 17 from Line 11. (Enter this amount on Line 41 of AR1000 or A	R1000NR.)		. 18	64	40

AR2210 2004

STATE OF ARKANSAS Underpayment of Estimated Tax by Individuals

(Attach to Form AR1000 or Form AR1000NR)

IName	TEST U & MAY B GRASS	-00-5505		
PAR	RT I REQUIRED ANNUAL PAYMENT			-
1.	Enter your 2004 net tax: (Line 52, Form AR1000 or Line 52D, AR1000NR)	1	1921	_
2.	Enter 90% (.90) of the amount shown on Line 1:	2	1729	
3.	Enter 2004 Arkansas income tax withheld: (Line 53, AR1000 or AR1000NR)	3	500	
4.	Subtract Line 3 from Line 1: (If the result is \$1,000 or less, stop here, do not complete this schedule	e) 4	1421	
5.	Enter your 2003 net tax liability: (Line 52. AR1000 or Line 52D. AR1000NR)	5	1899	

1729

PART II COMPUTING THE PENALTY

			PAYMENT	DUE DATES			
		A 4-15-04	B 6-15-04	C 9-15-04	D 1-15-05		
7.	Required installments. Enter 1/4 (.25) of Line 6, AR2210 in each column: 7						
8.	Estimated tax paid and tax withheld (See Instructions). For column A only , also enter the amount from Line 8 on Line 12. If Line 8 is equal to or more than Line 7 for all payment periods, stop here, you do not owe the penalty. Complete Lines 9 through 15 of each column before going to the next column: 8						
9.	Enter amount, if any, from Line 15 of previous column:						
10.	Add Lines 8 and 9:						
11.	Add amounts on Line 13 and 14 of previous column:						
12.	Subtract Line 11 from Line 10. If zero or less, enter 0. For column A only, enter the amount from Line 8:						
13.	If the amount on Line 12 is zero, subtract Line 10 fron Line 11, otherwise enter zero:						
14.	Underpayment. If Line 7 is equal to or more than Line 12, subtract Line 12 from Line 7. Then go to Line 9 of the next column. Otherwise go to Line 15: 14						
15.	Overpayment. If Line 12 is more than Line 7, subtract Line 7 from Line 12, then go to Line 9 of the next column:						
16.	Number of days from the payment due date shown at top of column to the date the amount on Line 14 was paid, or 4-15-05, whichever is earlier:						
17.	Underpayment Number of on Line 14 X <u>days on Line 16</u> X .10						
18.	PENALTY. Add all the amounts on Line 17 in all columns. Enter the total here and on Form AR1000/AR1000NR, Line 62B:		18				
PART III If you are claiming an exception (See list on back of this form) from the Underestimate Penalty, please enter the exception in the box to the right and on Form AR1000/AR1000NR, Line 62A.					5		

THIS FORM MUST BE ATTACHED TO ANY RETURN CLAIMING AN EXCEPTION FROM UNDERPAYMENT OF ESTIMATED TAX PENALTY. YOU MUST ENTER THE EXCEPTION NUMBER IN THE BOX ON LINE 62A, FORM AR1000/AR1000NR

ARKANSAS TEST CASE # 6

BANK NAME:

ACCOUNT NUMBER:

RTN:

TYPE:

FORMS REQUIRED: AR1000F, AR3, AR4, AR1000D, AR1800, AR2210, W-2 **OTHER:** SILKY - QUALIFYING PERSON BUT NOT DEPENDENT THIRD PARTY DESIGNEE: YES **DOB:** 03/11/1976 **TAXPAYER:** NAME: TEST F STILES SSN: 400-00-5506 **BLIND:** NO **DEAF:** NO **OCCUPATION:** SALES **DISABLED:** NO NAME: DOB: **SPOUSE:** SSN: **BLIND: OCCUPATION: DEAF: DISABLED:** ADDRESS: 302 DOGWOOD DOGTROT, AR 71655 FILING STATUS: HEAD OF HOUSEHOLD **DEPENDENT(S):** NAME **AGE** RELATIONSHIP **INTEREST INCOME: DIVIDEND INCOME: DIRECT DEPOSIT:**

a Control number		OMB No. 15	45-0008	Safe, a FAST!	ocurate, Use	irse v f	<i>I T.</i> T	/isit the IRS at www.irs.g	
b Employer identification number		-3544433		1 Wa	ges, tips, o	other compensation	2 Fede	eral income t 2800	
c Employer's name, address, an STILES, INC	d ZIP code			3 So		rity wages	4 Soci	al security ta	
304 DOGWOOD DOGTROT AR 71655				5 Me		ages and tips	6 Med	icare tax wit	hheld
Boother Air Troop				7 So	cial secur	rity tips	8 Alloc	ated tips	
d Employee's social security nur		00-00-5506		9 Ad	vance EIC	C payment	10 Depe	endent care	benefits
e Employee's first name and init	al Last name			11 No	nqualified	l plans	12a See	instructions	for box 12
TEST F STILES				13 Statuto	ory Ret yee pla	tirement Third-party n sick pay	12b		
302 DOGWOOD							o d e		
DOGTROT AR 71655				14 Otl	her		12c		
							12d C O d e		
f Employee's address and ZIP of	ode								
15 State Employer's state ID nu AR 12-35444		tate wages, tips, etc.	17 State incom 1000		18 Local	I wages, tips, etc.	19 Local inc	ome tax	20 Locality name
12-35444	33								

Wage and Tax Statement



Department of the Treasury-Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.

		04 AR1000 ARKANSAS IN Full Year Re		Dept. Use On	lly					
Jan		Dec 31, 2004 or fiscal year ending T NAME(S) AND INITIAL(S) (List both if applicable)	, 20 ● LAST NAME	(S) (See Instru	ıctions)	YOUR SOCIA	AL SE	CURI	TY NUMBER	
				` , `						
Д.		EST F	STILE	S			400	-00	-5506	
썙	PRES	SENT ADDRESS - NUMBER AND STREET, APARTMEN	IT OR RURAL R	OUTE		SPOUSE SO	CIAL	SECL	JRITY NUMBER	
USE LABEL RINT OR TYPE	•	302 DOGWOOD				•				
PR	CITY,	TOWN OR POST OFFICE, STATE AND ZIP CODE							You MUST	
	•	DOGTROT AR	71655			IMPORT	IAN		enter your SSN(s) above	•
χo	1. ●	SINGLE (Or widowed before 2004 or divorced at en	d of 2004)	4. ● □ N	MARRIED FI	LING SEPARATELY	ON TH	HE SA	ME RETURN	
ATUS One B	2. •	MARRIED FILING JOINT (Even if only one had inco	ome)	5. ● □ N	MARRIED FI	LING SEPARATELY (ON DI	FFER	ENT RETURNS	;
FILING STATUS eck Only One Box	3. ●	▼ HEAD OF HOUSEHOLD (See Instructions)		E	Enter spouse	's name here and SSI	N abo	ve _		
FILI		If the qualifying person is your child but not your depenter this child's name here: SILKY		_,	ear spouse	G WIDOW(ER) with dedied:(See Instructions) 			
	HAVI	E YOU FILED A FEDERAL EXTENSION? • Check Federa	this box if you ha	ve filed an auto 4868. (See Ins	matic • 🔲	Check this box if you extension to file, Fede	have eral Fo	an ap orm 26	proved addition 888. (See Instr.)	al
_		▼ YOURSELF • ☐ 65 or OVER • ☐ 65 SPECIA			√F X H	EAD OF HOUSEHOL			· · · · · · · · · · · · · · · · · · ·	
CREDITS		☐ SPOUSE ● ☐ 65 or OVER ● ☐ 65 SPECIA	AL • 🔲 BLIND) • □ DEA		UALIFYING WIDOW	(ER)			
	7B.	First name(s) of dependents: (Do not list yourself or spouse)	Multip	ly number of bo	xes checked f	from Line 7A	\$20	· = _	40	00
PERSONAL	7C	First name of developmentally disabled individual(s): (See	Multip	ly number of de ly number of de	pendents fron	n Line 7B ● 🔲 🤇	(\$20	¹⁼ ├		00
PER			individ	uals from Line 7	7C	• 🔲 >	\$500	0=		00
	7D.1	TOTAL PERSONAL CREDITS: (Add Lines 7A, 7B and 7C	C. Enter total here	and on Line 4	4)		70	_	40	00
		ROUND ALL INCOME FIGURES TO WHOLE D	OLLARS			(A) Your/Total Income		(B) Spouse Incon Status 4 Onl	
						Income				
m(s	8.	Wages, salaries, tips, etc.:				30,000	_	8		00
Form(s	8. 9A.	Wages, salaries, tips, etc.:	nt)	00 Les	ss \$6,000 9A	30,000	00	8		00
099 Form(s	9A. 9B.	U. S. military compensation pay: (Your/joint gross amount U. S. military compensation pay: (Spouse gross amount))	00 Les	ss \$6,000 9A ss \$6,000	30,000	00	В		00
'-2/1099 Form(s	9A. 9B. 10.	U. S. military compensation pay: (Yourfjoint gross amount , U. S. military compensation pay: (Spouse gross amount , Minister's income: Gross \$ L	ess rental value S	00 Les 00 Les	ss \$6,000 9A ss \$6,000 10	30,000	00)B		00
n W-2/1099 Form(s	9A. 9B. 10. 11.	U. S. military compensation pay: (Yourfjoint gross amount, U. S. military compensation pay: (Spouse gross amount, Minister's income: Gross \$ L. Interest income: (If over \$1,500, attach page AR4)	ess rental value S	00 Les	ss \$6,000 9A ss \$6,000 10 11	30,000	00 2	9B 10 11		00
ck on W-2/1099 Form(s	9A. 9B. 10. 11. 12.	U. S. military compensation pay: (Yourfjoint gross amount, U. S. military compensation pay: (Spouse gross amount, Minister's income: Gross \$ L Interest income: (If over \$1,500, attach page AR4)	ess rental value s	00 Les	ss \$6,000 9A ss \$6,000 10 11 12	30,000 769 3,967	00 / 00 / 00 / 00	9B 10 11 12		00
check on W-2/1099 Form(s	9A. 9B. 10. 11. 12. 13.	U. S. military compensation pay: (Your/joint gross amount, U. S. military compensation pay: (Spouse gross amount, Minister's income: Gross \$ L Interest income: (If over \$1,500, attach page AR4)	ess rental value S	00 Les	ss \$6,000 9A ss \$6,000 10 11 12	769 3,967 3,200	00 / 00 / 00 / 00 / 00 / 00 / 00	9B		00
NE Ice check on W-2/1099 Form(s	9A. 9B. 10. 11. 12. 13.	U. S. military compensation pay: (Yourfjoint gross amount, U. S. military compensation pay: (Spouse gross amount, Minister's income: Gross \$ L Interest income: (If over \$1,500, attach page AR4)	ess rental value S	00 Les	ss \$6,000 9A ss \$6,000 10 11 12	769 3,967 3,200 28,742	00 / 00 / 00 / 00 / 00 / 00 / 00 / 00	DB		00
COME Place check on W-2/1099 Form(s	9A. 9B. 10. 11. 12. 13. 14.	U. S. military compensation pay: (Your/joint gross amount, U. S. military compensation pay: (Spouse gross amount, Minister's income: Gross \$ L Interest income: (If over \$1,500, attach page AR4)	ess rental value s	00 Les	ss \$6,000 9A ss \$6,000 10 11 12 13	769 3,967 3,200 28,742	00	9B		00 00 00 00 00
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INCOME s) here / Place check on W-2/1099 Form(s	9A. 9B. 10. 11. 12. 13. 14. 15. 16.	U. S. military compensation pay: (Your/joint gross amount, U. S. military compensation pay: (Spouse gross amount, Minister's income: Gross \$ L Interest income: (If over \$1,500, attach page AR4)	ess rental value s	00 Les	9A ss \$6,000 9A ss \$6,000 9A 10 11 12 13 14 15 16 17	769 3,967 3,200 28,742	00	9B		00 00 00 00 00 00
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INCOME Attach W-2/1099 Form(s) here / Place check on W-2/1099 Form(s	9A. 9B. 10. 11. 12. 13. 14. 15. 16. 17. 18A. 18B.	U. S. military compensation pay: (Your/joint gross amount) U. S. military compensation pay: (Spouse gross amount) Minister's income: Gross \$ L Interest income: (If over \$1,500, attach page AR4) Dividend income: (If over \$1,500, attach page AR4) Alimony and separate maintenance received: Business or professional income: (Attach Federal Sched) Capital gains/losses from stocks, bonds, etc.: (See Instr. Other gains or (losses): (Attach Federal Form 4797) Non-Qualified IRA distributions and taxable annuities: Your/Joint Employer pension plan/Qualified IRA: (See In Gross Distribution ● 00 Taxable A Spouse Employer pension plan/Qualified IRA (Filing State Gross Distribution ● 00 Taxable A Rents, royalties, partnerships, estates, trusts, etc.: (Attack)	ess rental value s ule C or C-EZ) Attach Federal S nportant Line 18 Amount • us 4 Only): Amount • th Federal Schede	00 Les	ss \$6,000 9A ss \$6,000 10 11 12 13 14 15 16 17 Page 15) Less 18A Less 18A Less 18B \$6,000 18B 19 20	30,000 769 3,967 3,200 28,742 -3,000 385 -4,762	00 00 00 00 00 00 00 00 00 00 00 00 00			000 000 000 000 000 000 000 000 000
INCOME Attach W-2/1099 Form(s) here / Place check on W-2/1099 Form(s	9A. 9B. 10. 11. 12. 13. 14. 15. 16. 17. 18A. 18B. 19. 20. 21. 22.	U. S. military compensation pay: (Your/joint gross amount, U. S. military compensation pay: (Spouse gross amount, Minister's income: Gross \$	ess rental value s ulle C or C-EZ) Attach Federal S Amount • us 4 Only): Amount • th Federal Schedu	OO Les Les Schedule D) Schedule D) Output	ss \$6,000 9A ss \$6,000 10 11 12 13 14 15 16 17 Page 15) \$6,000 18A \$6,000 18B \$6,000 18B 20 21	30,000 769 3,967 3,200 28,742 -3,000 385 -4,762	00 00 00 00 00 00 00 00 00 00 00 00 00			000 000 000 000 000 000 000 000 000
INCOME Attach W-2/1099 Form(s) here / Place check on W-2/1099 Form(s	9A. 9B. 10. 11. 12. 13. 14. 15. 16. 17. 18A. 18B. 19. 20. 21. 22. 23.	U. S. military compensation pay: (Your/joint gross amount, U. S. military compensation pay: (Spouse gross amount, Minister's income: Gross \$	ess rental value s ulle C or C-EZ) Attach Federal S amportant Line 18 Amount • us 4 Only): Amount • th Federal Schedu	Cchedule D)	ss \$6,000 9A ss \$6,000 10 11 12 13 14 15 16 17 Page 15) \$6,000 18B \$6,000 18B \$20 20 21	30,000 769 3,967 3,200 28,742 -3,000 385 -4,762	00 00 00 00 00 00 00 00 00 00 00 00 00			000 000 000 000 000 000 000 000 000 00
INCOME Attach W-2/1099 Form(s) here / Place check on W-2/1099 Form(s	9A. 9B. 10. 11. 12. 13. 14. 15. 16. 17. 18A. 18B. 19. 20. 21. 22. 23. 24.	U. S. military compensation pay: (Your/joint gross amount) U. S. military compensation pay: (Spouse gross amount) Minister's income: Gross \$	ess rental value s ule C or C-EZ) Attach Federal S Amount • us 4 Only): Amount • th Federal Schedu	OO Les Cochedule D) B Instructions, OO ule E)	ss \$6,000 9A ss \$6,000 10 11 12 13 14 15 16 17 Page 15) \$6,000 18A \$6,000 18B 19 20 21 22 23	30,000 769 3,967 3,200 28,742 -3,000 385 -4,762	00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			000 000 000 000 000 000 000 000 000 00
INCOME Attach W-2/1099 Form(s) here / Place check on W-2/1099 Form(s)	9A. 9B. 10. 11. 12. 13. 14. 15. 16. 17. 18A. 18B. 19. 20. 21. 22. 23. 24. 25.	U. S. military compensation pay: (Your/joint gross amount) U. S. military compensation pay: (Spouse gross amount) Minister's income: Gross \$	ess rental value s ule C or C-EZ) Attach Federal S nportant Line 18 Amount • us 4 Only): Amount • th Federal Schedu	OO Les Les B Instructions, OO Ule E)	ss \$6,000 9A ss \$6,000 10 11 12 13 14 15 16 17 Page 15) Less 18A \$6,000 18B 19 20 21 22 23 24	30,000 769 3,967 3,200 28,742 -3,000 385 -4,762	00 00 00 00 00 00 00 00 00 00 00 00 00			000 000 000 000 000 000 000 000 000 00
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INCOME Attach W-2/1099 Form(s) here / Place check on W-2/1099 Form(s)	9A. 9B. 10. 11. 12. 13. 14. 15. 16. 17. 18A. 18B. 19. 20. 21. 22. 23. 24. 25. 26. 27.	U. S. military compensation pay: (Your/joint gross amount U. S. military compensation pay: (Spouse gross amount) Minister's income: Gross \$	ess rental value s ule C or C-EZ) Attach Federal S Amount • us 4 Only): Amount • th Federal Schedult tions) ions)	OO Less Less Less Less Less Less Less Le	ss \$6,000 9A ss \$6,000 10 11 12 13 14 15 16 17 Page 15) \$6,000 18A Less \$6,000 18B 20 21 22 23 24 25 26 27	30,000 769 3,967 3,200 28,742 -3,000 385 -4,762	00 00 00 00 00 00 00 00 00 00 00 00 00			000 000 000 000 000 000 000 000 000 00
ADJUSTMENTS Attach W-2/1099 Form(s) here / Place check on W-2/1099 Form(s	9A. 9B. 10. 11. 12. 13. 14. 15. 16. 17. 18A. 18B. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29.	U. S. military compensation pay: (Yourfjoint gross amount, U. S. military compensation pay: (Spouse gross amount, Minister's income: Gross \$	ess rental value s ulle C or C-EZ) Attach Federal S Amount • us 4 Only): Amount • th Federal Schedu	OO Les Les Les Schedule D) Chedule D) Output Outp	ss \$6,000 9A ss \$6,000 10 11 12 13 14 15 16 17 Page 15) \$6,000 18B \$6,000 18B 20 21 22 23 24 25 26 27 28 29	30,000 769 3,967 3,200 28,742 -3,000 385 -4,762	00 00 00 00 00 00 00 00 00 00 00 00 00	00		000 000 000 000 000 000 000 000 000 00

00 00 00

00 31 •

00 32

3,000 00 33 • 56,301 00 34 •

				(A) Your/Total Income		. , , .	ouse Income tatus 4 Only
	35.	ADJUSTED GROSS INCOME: (From Line 34, Columns A and B, Page Al	P4) 25	56,301 0	0 25		00
	36.	Select tax table: (Check the appropriate box)	K1)	30,301 0	0 33		100
	30.	● LOW INCOME Table 1 X REGULAR Tab	2 ما				
z		If you qualify for the Low Income Tax Table, enter zero (0) on Line 36A. If no					
COMPUTATION		Enter • X Itemized Deductions (See itemized deduction so	· ·				
5		the larger OR	induic, Line 20)				
Σ		of your: Standard Deduction (See Standard Deduction In	nstr line 36) 36 •	3,640 0	0 36		00
ŏ	37.	NET TAXABLE INCOME: (Subtract Line 36 from Line 35)	· · · · · ·	52,661 0			00
TAX	38.	Tax: (Enter tax from tax table)		2,919 0			00
	39.	Combined tax: (Add amounts from Lines 38A and 38B and enter here)					2,919 00
	40.	Income Tax Surcharge: (Multiply Line 39 by 3% (.03); TEXARKANA RESID					88 00
	41.	Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR100)					00
	42.	IRA and qualified plan withdrawal and overpayment penalties: (Attach Fede					00
	43.	TOTAL TAX: (Add Lines 39 through 42)			43•		3,007 00
	44.	Personal Tax credit: (Enter total from Line 7D, page AR1)	44 •	40 0	0	•	
	45.	State Political Contributions credit: (Attach schedule)		50 0	0		
Ø	46.	Other State Tax credit: [Attach a copy of other state tax return(s)]	46 ●	0	0		
CREDITS	47.	Child care credit: (Attach Federal Form 2441 or 1040A, Sch. 2, 20% of Fed	leral credit allowed) 47 ●	0	0		
CRE	48	Credit for adoption expenses: (Attach Form 8839)	48●_	0	0		
TAX	49.	Phenylketonuria Disorder credit: (See Instructions. Attach AR1113)	49 •	0	_		
_	50.	Business and Incentive Tax credit: (Attach schedule and certificate)		0	-		
	51.	TOTAL CREDITS: (Add Lines 44 through 50)					90 00
	52.	NET TAX: (Subtract Line 51 from Line 43. If Line 51 is greater than Line 4			52 ●		2,917 00
	53.	Arkansas Income Tax withheld: (Attach State copies of W-2 Forms)	_	1,000 0			
E	54.	Estimated tax paid or credit brought forward from last year:		0	_		
Ä	55.	Payments made with extension: (See Instructions)	55 •	0	0		
PAYMENTS	56.	Early childhood program: Certification Number:					
_		(Attach Fed. Form 2441 or 1040A, Sch. 2 & Cert. Form AR1000EC, 20% of F	_	0	-		4 000 00
	57.	TOTAL PAYMENTS: (Add Lines 53 through 56)					1,000 00
ш	58.	AMOUNT OF OVERPAYMENT/REFUND: (If Line 57 is greater than Line 57 is greater t		lo	_	<u>'</u>	
C DUE	59. 60.	Amount of Checkoff Contributions: (Attach Schedule AR1000-CO).	—	0	→		
ΤΑΧ	61.	AMOUNT TO BE REFUNDED TO YOU: (Subtract Lines 59 and 60 fr	_			\odot	00
OR	62.	AMOUNT DUE: (If Line 57 is less than Line 52, enter difference; If over \$1,				$\overline{}$	1,917 00
Š	62A.	Attach Form AR2210: Enter Exception in box 62A ● Penalty			_ 02 0	<u> </u>	1,017 00
REFL		Please attach your check or money order, made out to "Dept. of Finance ar					
		penalty (if applicable) due. Be sure to write your Social Security Number on	•		62C •		2,013 00
	63.	Amount of income not subject to Arkansas tax from AR4, Part III: (Memoral	•	May the Arka	nsas	Revenue	✗ Yes
		,		Agency discus	s this re	eturn with	
				the preparer s	hown l	pelow?	∐ No
	PL	EASE SIGN HERE: Under penalties of perjury, I declare the	nat I have examined t	his return and acc	ompar	nving scl	hedules and
ш	stat	tements, and to the best of my knowledge and belief, they are	true, correct and co				
SE	tax	payer) is based on all information of which preparer has any know	wledge.				
PLEASE SIGN HER	Your	Signature	Occupation	Date	H	lome Tele	phone:
- S				_	_		
	Spot	use's Signature	Occupation	Date	١٧	Vork Telep	ohone:
			10.11		-	For Donorf	tment Use Only
	Paid	Preparer's Signature	ID Number/Social Securi	ty Number		.	e tment Use Uniy
RER	Duna	ovav'a Nama	City/Otata/7ia		/	Α	, • ,
PAID PREPARI	Prep	parer's Name	City/State/Zip		L	в ●	
R	Addı	ress	Telephone Number		<u> </u>	C ●	
	Audi		Tolephone Number		1	0 •	
\	¬ •	Mail REFUND returns to: DFA State Inc	come Tax, P. O. Box 1000, L			E●	
		Mail TAX DUE returns to: DFA State Ind. Mail NO TAX DUE returns to: DFA State Ind. Mail NO TAX DUE returns to: DFA State Ind.	come Tax, P. O. Box 2144, L come Tax. P. O. Box 8026, L		44.	F •	+ + -
		It is a second to the se					

Please Note: DUE DATE IS APRIL 15, 2005

AR3 ARKANSAS INDIVIDUAL INCOME TAX RETURN Itemized Deduction Schedule

Name	Social Security Number	
TEST F STILES	400-00-5	506
MEDICAL AND DENTAL EXPENSES: [Do not include expense(s) paid by others]. (See Instructions		
Medical and dental expenses:		
2. Enter amount from AR1000/AR1000NR, Line35A and 35B		
3. Multiply Line 2 by 7.5% (.075)	3 00	
4. TOTAL MEDICAL EXPENSE: (Subtract Line 3 from Line 1; If Line 3 is more than Line 1, enter -0-)	4>	00
TAXES: (See Instructions)		
5. Real estate tax:	5 782 00	
6. Personal property tax or other taxes (Attach List):	6 <u>340</u> 00	
7. TOTAL TAXES: (Add Lines 5 and 6)	7>	1122 00
INTEREST EXPENSE: (See Instructions)		
Home mortgage interest paid to financial institutions:	8 1785 00	
Home mortgage interest paid to an individual:		
Name:		
Address:		
10. Deductible points:		
11. Investment interest: (Attach Federal Form 4952)		I I
12. TOTAL INTEREST EXPENSE: (Add Lines 8 through 11)	12>	1785 00
CONTRIBUTIONS: (See Instructions)	اموا	
13. Cash contributions:	100	
14. Art and literary contributions: (See Instructions)		
15. Check-off contributions: (See Instructions)	15 00	
16. Other:		
The carryone continues of the carryone		700 100
18. TOTAL CONTRIBUTIONS: (Add Lines 13 through 17)	18>	733 00
CASUALTY AND THEFT LOSSES: (See Instructions)	10>	- 00
19. TOTAL CASUALTY AND THEFT LOSSES: (Attach Federal Form 4684)	192	[00
20. TOTAL POST-SECONDARY EDUCATION TUITION DEDUCTION: (See Institutions)	20.	- 00
MISCELLANEOUS DEDUCTIONS SUBJECT TO 2% AGI LIMIT: (See Instructions)	207	[00
21. Unreimbursed employment business expenses: (Attach Federal Form 2106)	21 00	
	22 00	
23. Add the amounts on Lines 21 and 22. Enter the total.		
24. Enter the amount from AR1000/AR1000NR, Line 35A and 35B		
25. Multiply Line 24 above by 2% (.02)	25 00	
26. TOTAL MISCELLANEOUS DEDUCTIONS: (Subtract Line 25 from Line 23; If Line 25 is more than Li		- 00
OTHER MISCELLANEOUS DEDUCTIONS: (See Instructions)		<u>l</u>
27. TOTAL MISCELLANEOUS DEDUCTIONS NOT SUBJECT TO THE 2% AGI LIMITATION. (Attach lix	st) 27 >	- 00
TOTAL ITEMIZED DEDUCTIONS:	,	
28. If the amount on AR1000/AR1000NR, Line 35A and 35B is \$142,700 or less (\$71,350 if married		
filing separately on separate returns), add Lines 4, 7, 12, 18, 19, 20, 26 and 27. Enter the total here.		
If the amount on AR1000/AR1000NR, Line 35A and 35B is over \$142,700 (\$71,350 if married filing so	eparately on	
separate returns), see worksheet in the instructions to calculate the allowable amount to enter. Enter	allowable amount here.	
IF YOU CHECKED FILING STATUS 1, 2, 3 OR 6, enter the allowable amount here and on AR1000/	AR1000NR, Line 36A 28➤	3640 00
Note: Complete lines 29 through 33 ONLY if you and	YOUR	SPOUSE'S
your spouse are using Filing Status 4 or 5.	Adjusted Gross Income Line 35, Column A	Adjusted Gross Income Line 35, Column B
29. Enter the adjusted gross income from AR1000/AR1000NR Line 35, Columns A and B here 29A		
30. Total Arkansas adjusted gross income, add columns 29A and 29B from above and enter here	30	00
31. Divide the amount on Line 29A by the amount on Line 30. Enter the percentage here	31	%
32. Multiply Line 28 by the percentage on Line 31. Enter here and on AR1000/AR1000NR, Line 36, Col. <i>i</i>		00
33. Subtract Line 32 from Line 28. Enter here and on AR1000/AR1000NR, Line 36, Col. B.	. ,	
If you and your spouse are using Filing status 5, enter this amount on Line 36, Col. A of your spouse's	return (SPOUSE) 33	00

Name
TEST F STILES
Social Security Number
400-00-5506

Part I TAXABLE INTEREST INCOME

Interest on bank deposits, notes, mortgages, interest from individuals, corporation bonds, savings and loan deposits and credit union deposits are taxable. Interest on obligations of other states and subdivisions are fully taxable.

List below the names of the interest source and designate the ownership by writing Y (Yours), S (Spouse) or J (Joint).

Part II TAXABLE DIVIDEND INCOME

Dividends and other distributions on stock are fully taxable. There is no dividend exclusion applicable to Arkansas.

List below the names of the dividend source and designate the ownership by writing Y (Yours), S (Spouse) or J (Joint).

Υ	NAME OF PAYER	AMOUNT		1.YSJ	NAME OF PAYER	AMOUNT	•
	BANK 1	762	00	Υ	COMPANY 1	3385	0
Υ	CREDIT UNION	7	00	Υ	COMPANY 2	582	0
			00				0
			00				0
			00				C
			00				0
			00				C
			00				C
			00				C
			00				C
			00				0
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			00				0
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			00				0
			00				0
			00				0
			00				C
			00				C
			00				C
			00				0
			00				0
	dd the amounts on Line 1. Enter the result ere and on Line 11, AR1/NR1.	769	00		dd the amounts on Line 1. Enter the result ere and on Line 12, AR1/NR1.	3967	0
Pa	art III INCOME NO	T SUBJEC	ТТС) AR	KANSAS TAX (See Instructions)		
			00				C
			00				C
			00				C
			00				
			00				
			00				
			00				(
			00				
	. INCOME NOT SUBJECT TO ARKANSAS TAX: (I						

AR1000D

STATE OF ARKANSAS CAPITAL GAINS SCHEDULE INDIVIDUAL INCOME TAX RETURN

Name	Social Security Number		
TEST F STILES	400-00-5506		

STATE TAX DEPRECIATION PROVISION UNAFFECTED BY NEW FEDERAL LAW

Arkansas has not adopted the depreciation provisions contained in the Job Creation Workers Act of 2002 and the Jobs and Growth Tax Relief Reconciliation Act of 2003.

While the new depreciation provisions may be used for federal returns, Arkansas operates under a different tax code. On Arkansas income tax returns, taxpayers must file following the rules in sections 167, 168, 179, and 179A under the Internal Revenue Code of 1986, enacted January 1, 1999.

Arkansas does not recognize the 50% bonus depreciation or the increased Section 179 expense provisions, therefore there may be differences in the Arkansas and the federal basis of assets that you dispose of during the year. These and any other differences should be reconciled using the adjustment lines in the worksheet below.

You can find more information about Arkansas tax code, or file your income tax electronically, by visiting the Department of Finance and Administration web site at www.arkansas.gov/dfa

Complete this worksheet if you have a CAPITAL GAIN OR LOSS reported on Federal Schedule D, or if Sch. D is not required, a gain reported on Federal Form 1040, Line 13.

Adjust your gains and losses for any differences in the federal and Arkansas amounts using Lines 2, 5 and 10.

Attach this schedule to your return.

		(A) Per Federal Sch	ı D	(B) You		(C) Your Spouse
1.	Enter Federal Long-Term Capital Gain or Loss reported on Line 15,					
	Federal Schedule D or Form 1040, Line 13 1	-3,000	00	-3,000	00	00
2.	Enter adjustment, if any, for differences in federal and state					
	amounts.		2		00	00
3.	Arkansas Long-Term Capital Gain or Loss, add (or subtract) Line 1 and	d Line 2	3	-3,000	00	00
4.	Enter Federal Net Short-Term Capital Loss, if any, reported					
	on Line 7, Federal Schedule D 4		00		00	00
5.	Enter adjustment, if any, for differences in federal and state					
	amounts.		5		00	00
6.	Arkansas Net Short-Term Capital Loss, add (or subtract) Line 4 and Li	ine 5	6		00	00
7.	Arkansas Net Capital Gain or Loss (If gain, subtract Line 6 from 3. If lo	oss add Lines 6 and 3)	7	-3,000	00	00
8.	Arkansas Taxable Amount, if a Gain multiply Line 7 by 70 percent (.70), otherwise enter Loss.	. 8	-3,000	00	00
9.	Enter Federal Short-Term Capital Gain, if any, reported on					
	Line 7, Federal Schedule D		00		00	00
10.	Enter adjustment, if any, for differences in federal and state					
	amounts.		10		00	00
11.	Arkansas Short-Term Capital Gain, add (or subtract) Line 9 and Line 1	10	11		00	00
12.	Total taxable Arkansas Capital Gain or Loss, add Lines 8 and 11, enter	r here				
AR1000	and on Line 15, AR1000/AR1000NR		12	-3,000	00	00

AR1800 2004

Political Contributions Credit Schedule

INDIVIDUAL INCOME TAX RETURN

Name	Social Security Number
TEST F STILES	400-00-5506

A credit of up to \$50.00 per taxpayer (\$100.00 for a joint return) is allowed against your Arkansas Individual Income Tax liability for money contributions made by the taxpayer to one of the following:

- (1) A candidate seeking nomination or election to a public office or to the candidate's campaign committee; or
- (2) A small donor political action committee as defined by Arkansas Code Annotated § 7-6-201; or
- (3) An approved political action committee as defined by Arkansas Code Annotated § 7-6-201; or
- (4) An organized political party as defined in Arkansas Code Annotated § 7-1-101.

For the purposes of this credit, "Public Office" means any office created by or under the authority of the laws of the State of Arkansas, or a subdivision thereof, that is filled by the voters. **The credit does not apply to contributions made to candidates for federal offices.** The contribution must be made by **April 15, 2005** to be claimed on the 2003 tax return.

A. Name of Candidate or Organization	B. Office Sought	C. Amount	
JACK B QUICK	MAYOR	50	00
			00
			00
			00
			00
			00
			00
			00
			00
			00
	D. TOTAL	50	00

Instructions:

- 1. The credit allowed shall be the aggregate contributions, not to exceed \$50.00 per taxpayer (\$100.00 on a joint return). List the name of the candidate or organization to whom the contribution was made in Section A, the office being sought in Section B and the amount in Section C.
- 2. Total the amounts and enter in Section D.
- 3. Enter the amount in Section D or \$50.00 per taxpayer (\$100.00 for a joint return), whichever is less, on AR1000/AR1000NR, Line 45.

AR2210 2004

STATE OF ARKANSAS Underpayment of Estimated Tax by Individuals

(Attach to Form AR1000 or Form AR1000NR)

Name	Social Security Number		
TEST F STILES	400-00-5506		

PART I REQUIRED ANNUAL PAYMENT 1. Enter your 2004 net tax: (Line 52, Form AR1000 or Line 52D, AR1000NR) 1 2917 2. Enter 90% (.90) of the amount shown on Line 1: 2 2625 3. Enter 2004 Arkansas income tax withheld: (Line 53, AR1000 or AR1000NR) 3 1000 4. Subtract Line 3 from Line 1: (If the result is \$1,000 or less , stop here, do not complete this schedule) 4 1917 5. Enter your 2003 net tax liability: (Line 52, AR1000 or Line 52D, AR1000NR) 5 2432 6. Required annual payment. Enter the smaller of Line 2 or Line 5: 6 2432

Note: If Line 3 is equal to or more than Line 6, stop here, you do not owe the penalty.

PART II COMPUTING THE PENALTY

			PAYMENT I	DUE DATES	
		A 4-15-04	B 6-15-04	C 9-15-04	D 1-15-05
7.	Required installments. Enter 1/4 (.25) of Line 6, AR2210 in each column: 7	608	608	608	608
8.	Estimated tax paid and tax withheld (See Instructions). For column A only , also enter the amount from Line 8 on Line 12. If Line 8 is equal to or more than Line 7 for all payment periods, stop here, you do not owe the penalty. Complete Lines 9 through 15 of each column before going to the next column: 8	250	250	250	250
9.	Enter amount, if any, from Line 15 of previous column:				
10.	Add Lines 8 and 9:		250	250	250
11.	Add amounts on Line 13 and 14 of previous column:		358	716	1074
12.	Subtract Line 11 from Line 10. If zero or less, enter 0. For column A only, enter the amount from Line 8:	250	0	0	0
13.	If the amount on Line 12 is zero, subtract Line 10 fron Line 11, otherwise enter zero:		108	466	
14.	Underpayment. If Line 7 is equal to or more than Line 12, subtract Line 12 from Line 7. Then go to Line 9 of the next column. Otherwise go to Line 15: 14	358	608	608	608
15.	Overpayment. If Line 12 is more than Line 7, subtract Line 7 from Line 12, then go to Line 9 of the next column:				
16.	Number of days from the payment due date shown at top of column to the date the amount on Line 14 was paid, or 4-15-05, whichever is earlier:	61/153	92/214/304	212	90
17.	Underpayment Number of on Line 14 X <u>days on Line 16</u> X .10	9	37	35	15
18.	PENALTY. Add all the amounts on Line 17 in all columns. Enter the total here and on Form AR1000/AR1000NR, Line 62B:		18	9	16
PAF	PART III If you are claiming an exception (See list on back of this form) from the Underestimate Penalty, please enter the exception in the box to the right and on Form AR1000/AR1000NR, Line 62A.				

THIS FORM MUST BE ATTACHED TO ANY RETURN CLAIMING AN EXCEPTION FROM UNDERPAYMENT OF ESTIMATED TAX PENALTY. YOU MUST ENTER THE EXCEPTION NUMBER IN THE BOX ON LINE 62A, FORM AR1000/AR1000NR

ARKANSAS TEST CASE # 7

FORMS REQU	U IRED: A	R1000F, AR3, AR1075,	1099R	
OTHER:				
THIRD PART	Y DESIG	NEE: NO		
TAXPAYER:		TEST I WHY ATION: RETIRED ED: NO		SSN: 400-00-5507 DEAF: NO
SPOUSE:		WHENNIE WHY ATION: RETIRED ED: NO	DOB: 03/14/1937 BLIND: NO	SSN: 400-00-5517 DEAF: NO
ADDRESS:		ILSHIRE BLVD. , AR 71655		
FILING STAT	CUS: MAI	RRIED FILING JOINT		
DEPENDENT	(S):	NAME	AGE	RELATIONSHIP
	WILNO	T 19	DAUGHTER	
INTEREST IN	ICOME:			
DIVIDEND IN	ICOME:			
DIRECT DEPOBANK NAME RTN: ACCOUNT NO TYPE:	:			

		ECTI	ED (if checke	d)			_	
PAYER'S name, street address, city, state, and ZIP code			1 Gross distribution			1B No. 1545-0119	_	Distributions From
WEARABLE GARMENTS RETIREMENT 2 WASHINGTON CR WYNOT AR 71655		\$ 2a \$	260000 a Taxable amour 200000	nt		20 04 Form 1099-R	Pe	nsions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		21	Taxable amour			Total distributio	n 🗌	Copy B Report this
PAYER'S Federal identification number	RECIPIENT'S identification number	3	Capital gain (ir in box 2a)	cluded	4	Federal income tax withheld		income on your Federal tax
47-1928374	400-00-5507	\$			\$			return. If this form shows Federal income
RECIPIENT'S name		5	Employee control or insurance pre		6	Net unrealized appreciation in employer's sec		tax withheld in box 4, attach this copy to
TEST I WHY		\$	60000)	\$			your return.
Street address (including apt. no	0.)	7	Distribution code(s)	IRA/ SEP/	8	Other		This information is
12457 WILSHIRE BLVD			7	SIMPLE	\$		%	being furnished to
City, state, and ZIP code WYNOT AR 71655		9a	Your percentage distribution	of total %	9b \$	Total employee con	tributions	Revenue Service.
Account number (optional)		10	State tax withhe	eld	11	State/Payer's s	tate no.	12 State distribution
		\$	13200		ļ	AR 47-1928	274	\$ 260000
		13	Local tax withh	eld	-	Name of localit		\$ 260000 15 Local distribution
		\$.		,	\$
		\$						\$

Form **1099-R**

Department of the Treasury - Internal Revenue Service

2	20	04 AR1000 ARKANSAS INI	DIVIDUAL INC e <mark>sident</mark>	Dept. Use Only			F
Jan		Dec 31, 2004 or fiscal year ending	_ , 20 •	0) (2) / / (1)	Lyour cooks	FOLIDIT	VALUE 40.50
	FIRS	ST NAME(S) AND INITIAL(S) (List both if applicable)	LAST NAME(S) (See Instructions)	YOUR SOCIAL S	SECURITY	Y NUMBER
<u>,</u> H		TEST I & WHENNIE	• 40	0-00-5	5507		
첉	PRE	SENT ADDRESS - NUMBER AND STREET, APARTMEN	T OR RURAL RO	DUTE	SPOUSE SOCIA	L SECUR	RITY NUMBER
USE LABEL RINT OR TYPE	•	12457 WILSHIRE BLVD			• 40	0-00-	5517
25	CITY	, TOWN OR POST OFFICE, STATE AND ZIP CODE					You MUST
	•	WYNOT AR 7	1655		IMPORTA	NT! A	enter your SSN(s) above
	1. •	SINGLE (Or widowed before 2004 or divorced at end	d of 2004)	4. ● ☐ MARRIED FII	LING SEPARATELY ON	THE SAM	1E RETURN
FILING STATUS eck Only One Box	2. •	■ MARRIED FILING JOINT (Even if only one had inco	nme)	5. • MARRIED FI	LING SEPARATELY ON I	DIFFERE	NT RETURNS
NG ST	3. ●	HEAD OF HOUSEHOLD (See Instructions)		Enter spouse	's name here and SSN at	oove	
Check		If the qualifying person is your child but not your depe enter this child's name here:	endent,		WIDOW(ER) with deperdied:(See Instructions)	ndent chilo	d.
	HAV	E YOU FILED A FEDERAL EXTENSION? Check to Federal	this box if you hav	e filed an automatic	Check this box if you hav extension to file, Federal	e an appi Form 2688	roved additional 8 (See Instr.)
		▼ YOURSELF • ▼ 65 or OVER • 65 SPECIA			EAD OF HOUSEHOLD/		. (6666)
STI				Q	UALIFYING WIDOW(ER)	
CREDITS		■ SPOUSE • ■ 65 or OVER • ■ 65 SPECIA	r ● □ Brind	● ☐ DEAF			400
_	7B.	First name(s) of dependents: (Do not list yourself or spouse)	Multiply	y number of boxes checked f			100 ₀₀
PERSONA	70	WILNOT First name of developmentally disabled individual(s): (See		y number of dependents fron		20 =	20 00
PER			individu	y number of developmentally uals from Line 7C	● □ X \$5	00=	00
	7D.	TOTAL PERSONAL CREDITS: (Add Lines 7A, 7B and 7C	Enter total here	and on Line 44)	······································	7D	120
		ROUND ALL INCOME FIGURES TO WHOLE DO	OLLARS		(A) Your/Total Income	(B)	Spouse Income Status 4 Only
-					i iicoiie		
ş,	8.	Wages, salaries, tips, etc.:		8	00	8	0(
Form(s				00 Less \$6,000 9A	00	· —	0
099 Form(s	9A. 9B.	U. S. military compensation pay: (Your/joint gross amoun U. S. military compensation pay: (Spouse gross amount)	t)	00 Less \$6,000 9A 00 Less \$6,000	00	9B	00
-2/1099 Form(s	9A. 9B. 10.	U. S. military compensation pay: (Your/joint gross amount) U. S. military compensation pay: (Spouse gross amount) Minister's income: Gross \$	ess rental value \$	00 Less \$6,000 9A 00 Less \$6,000	00 00	9B	00
on W-2/1099 Form(s	9A. 9B. 10. 11.	U. S. military compensation pay: (Your/joint gross amount) U. S. military compensation pay: (Spouse gross amount) Minister's income: Gross \$ Le Interest income: (If over \$1,500, attach page AR4)	ess rental value \$	00 Less \$6,000 9A 00 Less \$6,000 10 11	000	9B	00
ck on W-2/1099 Form(s	9A. 9B. 10. 11. 12.	U. S. military compensation pay: (Your/joint gross amount) U. S. military compensation pay: (Spouse gross amount) Minister's income: Gross \$ Le Interest income: (If over \$1,500, attach page AR4) Dividend income: (If over \$1,500, attach page AR4)	ess rental value \$	00 Less \$6,000 9A 00 Less \$6,000 10	00 00 00 00	9B	00
check on W-2/1099 Form(s	9A. 9B. 10. 11. 12. 13.	U. S. military compensation pay: (Your/joint gross amount) U. S. military compensation pay: (Spouse gross amount) Minister's income: Gross \$	ess rental value \$	00 Less \$6,000 9A 00 Less \$6,000 1011 12	00 00 00 00 00	9B 10 11 12 13	00
ME ace check on W-2/1099 Form(s	9A. 9B. 10. 11. 12. 13.	U. S. military compensation pay: (Your/joint gross amount) U. S. military compensation pay: (Spouse gross amount) Minister's income: Gross \$ Le Interest income: (If over \$1,500, attach page AR4) Dividend income: (If over \$1,500, attach page AR4) Alimony and separate maintenance received: Business or professional income: (Attach Federal Schedut	ess rental value \$	00 Less \$6,000 9A 00 Less \$6,000 10	00 00 00 00 00 00 00	9B 10 11 12 13 14	00 00 00 00 00
NCOME 3 / Place check on W-2/1099 Form(s	9A. 9B. 10. 11. 12. 13. 14.	U. S. military compensation pay: (Your/joint gross amount) U. S. military compensation pay: (Spouse gross amount) Minister's income: Gross \$	ess rental value \$ ule C or C-EZ) Attach Federal So	00 Less \$6,000 9A	00 00 00 00 00 00 00	9B 10 11 12 13 14 15 •	00 00 00 00 00 00
INCOME here / Place check on W-2/1099 Form(s	9A. 9B. 10. 11. 12. 13. 14. 15.	U. S. military compensation pay: (Your/joint gross amount) U. S. military compensation pay: (Spouse gross amount) Minister's income: Gross \$	ess rental value \$ ule C or C-EZ) Attach Federal So	00 Less \$6,000 9A	00 00 00 00 00 00 00 00	9B 10 11 12 13 14 15 16	00 00 00 00 00 00 00
INCOME n(s) here / Place check on W-2/1099 Form(s	9A. 9B. 10. 11. 12. 13. 14. 15. 16.	U. S. military compensation pay: (Your/joint gross amount) U. S. military compensation pay: (Spouse gross amount) Minister's income: Gross \$	ess rental value \$ ule C or C-EZ) Attach Federal So	00 Less \$6,000 9A 00 Less \$6,000 10 11 12 13 14 chedule D) 15	00 00 00 00 00 00 00 00	9B 10 11 12 13 14 15 •	00 00 00 00 00 00
INCOME Form(s) here / Place check on W-2/1099 Form(s	9A. 9B. 10. 11. 12. 13. 14. 15. 16.	U. S. military compensation pay: (Your/joint gross amount) U. S. military compensation pay: (Spouse gross amount) Minister's income: Gross \$	ess rental value \$ ule C or C-EZ) Attach Federal So	00 Less \$6,000 9A 00 Less \$6,000 10 11 12 13 14 chedule D) 15 16 17 Instructions, Page 15)	00 00 00 00 00 00 00 00 00	9B 10 11 12 13 14 15 • 16 17	00 00 00 00 00 00 00
INCOME 099 Form(s) here / Place check on W-2/1099 Form(s	9A. 9B. 10. 11. 12. 13. 14. 15. 16. 17.	U. S. military compensation pay: (Your/joint gross amount) U. S. military compensation pay: (Spouse gross amount) Minister's income: Gross \$	ess rental value \$ ule C or C-EZ) Attach Federal Somportant Line 18 Amount • 2	00 Less \$6,000 9A 00 Less \$6,000 9A 10 11 12 13 14 14 16hedule D) 15 16 17 Instructions, Page 15) 00,000 00 \$6,000 18A	00 00 00 00 00 00 00 00 00 00 194,000 00	9B 10 11 12 13 14 15 • 16 17	00 00 00 00 00 00 00
INCOME -2/1099 Form(s) here / Place check on W-2/1099 Form(s	9A. 9B. 10. 11. 12. 13. 14. 15. 16. 17. 18A.	U. S. military compensation pay: (Your/joint gross amount) U. S. military compensation pay: (Spouse gross amount) Minister's income: Gross \$	ess rental value \$ ule C or C-EZ) Attach Federal So apportant Line 18 Amount • 2 us 4 Only): Amount •	00 Less \$6,000 9A	00 00 00 00 00 00 00 00 00 194,000 00	9B 10 11 12 13 14 15 • 16 17 18B	00 00 00 00 00 00 00
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INCOME Attach W-2/1099 Form(s) here / Place check on W-2/1099 Form(s)	9A. 9B. 10. 11. 12. 13. 14. 15. 16. 17. 18A. 18B. 19. 20. 21.	U. S. military compensation pay: (Your/joint gross amount) U. S. military compensation pay: (Spouse gross amount) Minister's income: Gross \$	ess rental value \$ ule C or C-EZ) Attach Federal Sc apportant Line 18 Amount • 2 us 4 Only): Amount • 18	00	00 00 00 00 00 00 00 00 00 194,000 00	9B 10 11 12 13 14 15 • 16 17 18B 19 20 21	00 00 00 00 00 00 00 00 00
INCOME Attach W-2/1099 Form(s) here / Place check on W-2/1099 Form(s)	9A. 9B. 10. 11. 12. 13. 14. 15. 16. 17. 18A. 18B. 19. 20. 21. 22.	U. S. military compensation pay: (Your/joint gross amount) U. S. military compensation pay: (Spouse gross amount) Minister's income: Gross \$	ess rental value \$ ule C or C-EZ) Attach Federal Sc apportant Line 18 Amount • 2 us 4 Only): Amount • c	00	00 00 00 00 00 00 00 00 00 194,000 00	9B 10 11 12 13 14 15 16 17 18B 19 20 21 22 •	00 00 00 00 00 00 00 00 00 00 00 00
INCOME Attach W-2/1099 Form(s) here / Place check on W-2/1099 Form(s)	9A. 9B. 10. 11. 12. 13. 14. 15. 16. 17. 18A. 18B. 19. 20. 21. 22. 23.	U. S. military compensation pay: (Your/joint gross amount) U. S. military compensation pay: (Spouse gross amount) Minister's income: Gross \$	ess rental value \$ ule C or C-EZ) Attach Federal So apportant Line 18 Amount • 2 us 4 Only): Amount • 18	00	00 00 00 00 00 00 00 00 00 194,000 00 194,000 00	9B 10 11 12 13 14 15 • 16 17 18B 19 20 21 22 • 23	00 00 00 00 00 00 00 00 00 00 00 00 00
INCOME Attach W-2/1099 Form(s) here / Place check on W-2/1099 Form(s	9A. 9B. 10. 11. 12. 13. 14. 15. 18A. 18B. 19. 20. 21. 22. 23. 24.	U. S. military compensation pay: (Your/joint gross amount) U. S. military compensation pay: (Spouse gross amount) Minister's income: Gross \$	ess rental value \$ ule C or C-EZ) Attach Federal So nportant Line 18 Amount • 2 us 4 Only): Amount • 1 n Federal Schedu tions)	00	00 00 00 00 00 00 00 00 00 194,000 00 00 194,000 00	9B 10 11 12 13 14 15 • 16 17 18B 19 20 21 22 • 23 24	00 00 00 00 00 00 00 00 00 00 00 00 00
INCOME Attach W-2/1099 Form(s) here / Place check on W-2/1099 Form(s)	9A. 9B. 10. 11. 12. 13. 14. 15. 18A. 18B. 19. 20. 21. 22. 23. 24. 25.	U. S. military compensation pay: (Your/joint gross amount) U. S. military compensation pay: (Spouse gross amount) Minister's income: Gross \$	ess rental value \$ ule C or C-EZ) Attach Federal So apportant Line 18 Amount • 2 us 4 Only): Amount • 18 Amount • 1	00	00 00 00 00 00 00 00 00 00 194,000 00 00 194,000 00	9B 10 11 12 13 14 15 • 16 17 18B 19 20 21 22 • 23 24 25 •	00 00 00 00 00 00 00 00 00 00 00 00 00
Attach W-2/1099 Form(s) her	9A. 9B. 10. 11. 12. 13. 14. 15. 18A. 18B. 19. 20. 21. 22. 23. 24. 25. 26.	U. S. military compensation pay: (Your/joint gross amount) U. S. military compensation pay: (Spouse gross amount) Minister's income: Gross \$	ess rental value \$ ule C or C-EZ) Attach Federal So apportant Line 18 Amount • 2 us 4 Only): Amount • 1 in Federal Schedu tions)	00	00 00 00 00 00 00 00 00 00 194,000 00 00 194,000 00	9B 10 11 12 13 14 15 • 16 17 18B 19 20 21 22 • 23 24 25 • 26	00 00 00 00 00 00 00 00 00 00 00 00 00
Attach W-2/1099 Form(s) her	9A. 9B. 10. 11. 12. 13. 14. 15. 16. 17. 18A. 19. 20. 21. 22. 23. 24. 25. 26. 27.	U. S. military compensation pay: (Your/joint gross amount) U. S. military compensation pay: (Spouse gross amount) Minister's income: Gross \$	ess rental value \$ ule C or C-EZ) Attach Federal Scannount • 2 us 4 Only): Amount • 2 us 4 Only): fions) tions)	00	000 000 000 000 000 000 000 000 194,000 00 000 000 000 000 000 000 000 000	9B 10 11 12 13 14 15 • 16 17 17 18B 19 20 21 22 • 23 24 25 • 26 27	00 00 00 00 00 00 00 00 00 00 00 00 00
JUSTMENTS Attach W-2/1099 Form(s) here / Place check on W-2/1099 Form(s	9A. 9B. 10. 11. 12. 13. 14. 15. 18A. 18B. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28.	U. S. military compensation pay: (Your/joint gross amount) U. S. military compensation pay: (Spouse gross amount) Minister's income: Gross \$	ess rental value \$ ule C or C-EZ) Attach Federal Sc apportant Line 18 Amount • 2 us 4 Only): Amount • 1 in Federal Schedu tions)	00	00 00 00 00 00 00 00 00 00 00 194,000 00 00 194,000 00 00 00 00	9B 10 11 12 13 14 15 • 16 17 18B 19 20 21 22 • 23 24 25 • 26	00 00 00 00 00 00 00 00 00 00 00 00 00

00 31 •

00 32

00 33 • 194,000 00 34 • 00 00 00

_						Τ	(A) Your/Total Income	T	(B)	Spouse Inc	
								1			
	35.	ADJUSTED GROSS INCOME	•	ns A and B, Page .	AR1)	35	194,000 0	0 35			00
	36.	Select tax table: (Check the ap	_								
7		• LOW INCOME	-	REGULAR Ta							
TAX COMPUTATION		If you qualify for the Low Incom	•	,	· ·						
Ε¥		, –	d Deductions (See ite	emized deduction	schedule, Line 28)						
Ā		the larger OR			landa Lina OC	00.5	12,144				
8	2-7		rd Deduction (See Sta		. ,		181,856	_			00
Ι¥Χ	37.	NET TAXABLE INCOME: (Sub					11,963	_	•		00
•	38.	Tax: (Enter tax from tax table) Combined tax: (Add amounts fr				_				11 (963 00
	39.	Income Tax Surcharge: (Multipl		,					_		359 00
	40. 41.	Enter tax from Lump Sum Distr								•	00
	42.	IRA and qualified plan withdraw									00
	43.	TOTAL TAX: (Add Lines 39 th		•					-	12 1	322 00
	44.	Personal Tax credit: (Enter total					120 0	_		12,	<u> </u>
	45.	State Political Contributions cre						0			
	46.	Other State Tax credit: [Attach a						0			
CREDITS	47.	Child care credit: (Attach Feder						0			
RED	48	Credit for adoption expenses: (_		0			
	49.	Phenylketonuria Disorder credit						0			
TAX	50.	Business and Incentive Tax cre						0			
	51.	TOTAL CREDITS: (Add Line				_		_	•	•	20 00
	52.	NET TAX: (Subtract Line 51 fi	- ,								202 00
	53.	Arkansas Income Tax withheld:					13,200		_	,-	
S	54.	Estimated tax paid or credit bro					,	0			
Ę	55.	Payments made with extension					O	0			
PAYMENTS	56.	Early childhood program: Certif				_ [
Ā		(Attach Fed. Form 2441 or 1040	OA, Sch. 2 & Cert. Form A	R1000EC, 20% of	Fed. credit allowed). 56 ●	o	0			
	57.	TOTAL PAYMENTS: (Add L	ines 53 through 56)					<u> </u>	•	13,2	200 00
	58.	AMOUNT OF OVERPAYM	ENT/REFUND: (If Line	57 is greater than	n Line 52, enter diff	erence)		58	•	(98 00
DOE	59.	Amount to be applied to 2005 e	estimated tax:			59●	998	0			
	60.	Amount of Checkoff Contribution	ons: (Attach Schedule AF	R1000-CO)		60 ●	0	0			
OR TAX	61.	AMOUNT TO BE REFUND							_		00
O QN	62.	AMOUNT DUE: (If Line 57 is le		_				E 62	• 🙁		00
Ş	62A.	Attach Form AR2210: Enter Ex	· ·	_			00		_		
REFU	62C.	Please attach your check or mo	,	•		•					
		penalty (if applicable) due. Be s	•				TOTAL DUE	62C	•		00
	63.	Amount of income not subject t	to Arkansas tax from AR4	4, Part III: <i>(Memor</i>	randum only)		May the Arka				Yes
							Agency discus				No
		EASE SIGN HERE: U									
Ж		tements, and to the best o payer) is based on all inform				and co	mplete. Declaratio	n of	prepa	arer (othe	r than
PLEASE SIGN HERE			ation of willon propa	- India dily Kilo			ls.			T. .	
PE GN	Your	r Signature			Occupation		Date		Home	Telephone:	
S	Spouse's Signature			Occupation		Date		\Mork `	Telephone:		
		ases originatare			Особраноп		Bate		VVOIR	теюрионе.	
	Paid	I Preparer's Signature			ID Number/Soci	al Securit	v Number	┪	For Do	epartment U	se Only
œ	" "	Tropard o dignataro			•	ID Number/Social Security Number		- [А	•	
PAID PREPARER	Pren	parer's Name			City/State/Zip				B●		
PAID REPARI								}	_		1
4	Add	ress			Telephone Num	ber		\dashv	C ●	<u> </u>	
			1						D●		
>		Mailing Information	Mail REFUND returns to Mail TAX DUE returns to				ittle Rock, AR 72203-10 ittle Rock, AR 72203-2		E●		
<u>ر</u>	<u>خر</u> '		Mail NO TAX DUE returns to						F●		

AR3 ARKANSAS INDIVIDUAL INCOME TAX RETURN Itemized Deduction Schedule

Nam	e I	Socia	al Security Number		
	TEST & WHENNIE WHY		400-00-5	507	
ME	DICAL AND DENTAL EXPENSES: [Do not include expense(s) paid by others]. (See Instructions,)			
1.	Medical and dental expenses:		00		
2.	Enter amount from AR1000/AR1000NR, Line35A and 35B				
	Multiply Line 2 by 7.5% (.075)	_ 3[00		
4.	TOTAL MEDICAL EXPENSE: (Subtract Line 3 from Line 1; If Line 3 is more than Line 1, enter -0-)		4≻		00
TA	KES: (See Instructions)	_			
	Real estate tax:		1000 00		
6.	Personal property tax or other taxes (Attach List):	6	250 00		
7.	TOTAL TAXES: (Add Lines 5 and 6)		7 >	1250	00
	TEREST EXPENSE: (See Instructions)	-			
	Home mortgage interest paid to financial institutions:	8	10268 00		
9.	Home mortgage interest paid to an individual:				
	Name:				
	Address:		00		
	Deductible points:		00		
	Investment interest: (Attach Federal Form 4952)	_	00		
	TOTAL INTEREST EXPENSE: (Add Lines 8 through 11)		12>	10268	00
	NTRIBUTIONS: (See Instructions)	г	T1		
	Cash contributions:	-	00		
	Art and literary contributions: (See Instructions)	-	00		
	Check-off contributions: (See Instructions)		00		
	Other:		00		
	The second secon		10>		Inn
	TOTAL CONTRIBUTIONS: (Add Lines 13 through 17)		18 >		00
	SUALTY AND THEFT LOSSES: (See Instructions)		10>		00
	TOTAL CASUALTY AND THEFT LOSSES: (Attach Federal Form 4684)		19>		100
	ST-SECONDARY EDUCATION TUITION DEDUCTION: (See Instructions)		20~	0405	00
	TOTAL POST-SECONDARY EDUCATION TUITION DEDUCTION: [Attach AR1075(s)]		20 /	2165	100
	Unreimbursed employment business expenses: (Attach Federal Form 2106)	21	00		
		. 22	00		
	Add the amounts on Lines 21 and 22. Enter the total.		00		
	Enter the amount from AR1000/AR1000NR, Line 35A and 35B		[00]		
	Multiply Line 24 above by 2% (.02)	' ⊢	00		
	TOTAL MISCELLANEOUS DEDUCTIONS: (Subtract Line 25 from Line 23; If Line 25 is more than Line				00
	HER MISCELLANEOUS DEDUCTIONS: (See Instructions)	110 20,	, 611,61 6) 207		100
	TOTAL MISCELLANEOUS DEDUCTIONS NOT SUBJECT TO THE 2% AGI LIMITATION. (Attach lis	st)	27>		00
	TAL ITEMIZED DEDUCTIONS:	7			
	If the amount on AR1000/AR1000NR, Line 35A and 35B is \$142,700 or less (\$71,350 if married				
	filing separately on separate returns), add Lines 4, 7, 12, 18, 19, 20, 26 and 27. Enter the total here.				
	If the amount on AR1000/AR1000NR, Line 35A and 35B is over \$142,700 (\$71,350 if married filing se	eparat	ely on		
	separate returns), see worksheet in the instructions to calculate the allowable amount to enter. Enter	allowa	able amount here.		
	IF YOU CHECKED FILING STATUS 1, 2, 3 OR 6, enter the allowable amount here and on AR1000/A	AR100	00NR, Line 36A 28➤	12144	00
No	te: Complete lines 29 through 33 ONLY if you and		YOUR	SPOUSE'	S
	your spouse are using Filing Status 4 or 5.		sted Gross Income	Adjusted Gross	
			ne 35, Column A	Line 35, Colu	mn B
29.	Enter the adjusted gross income from AR1000/AR1000NR Line 35, Columns A and B here 29A		00 29B		00
30.	Total Arkansas adjusted gross income, add columns 29A and 29B from above and enter here		30		00
31	Divide the amount on Line 29A by the amount on Line 30. Enter the percentage here.		31		%
32.	Multiply Line 28 by the percentage on Line 31. Enter here and on AR1000/AR1000NR, Line 36, Col. A	٠	(YOU) 32		00
33.	Subtract Line 32 from Line 28. Enter here and on AR1000/AR1000NR, Line 36, Col. B. If you and your spouse are using Filing status 5, enter this amount on Line 36, Col. A of your spouse's	retur	n (SPOLISE) 33		00
	, speace and doingg cataco c, enter the arricant on Enter co, con tor your opodoco			1	

Worksheet for Total Itemized Deductions

(Keep for your records)

Page AR3, Line 28

People with higher incomes may not be able to deduct all of their itemized deductions. If the amount of their joint AGI on Form AR1000/AR1000NR, Lines 35A and 35B is more than \$142,700 (\$71,350 if filing status 1, 3, 5 or 6), use the worksheet below to figure the amount you may deduct.

1.	Add the amounts on page AR3, Lines 4, 7, 12, 18, 19, 20, 26, and 27. Enter the total	l	13683
2.	Add the amounts on page AR3, Lines 4, 11, 19, plus any gambling losses included on Line 27. Enter the total	2	0
3.	Subtract Line 2 from Line 1. (If the result is zero, STOP HERE ; enter the amount from Line 1 above on page AR3, Line 28 and see Note below)	3	13683
4.	Multiply the amount on Line 3 above by 80% (.80). Enter the result	1	10946
5.	Enter the amount from AR1000/AR1000NR, Line 35. (Total columns A and B, if filing Status 4).	5	194000
6.	Enter \$142,700 if Filing Status is 1, 2, 3, 4, or 6 (\$71,350 if Filing Status is 5)6	S	142700
7.	Subtract Line 6 from Line 5. (If the result is zero or less, STOP HERE ; enter the amount from Line 1 above on page AR3, Line 28 and see Note below).	7	51300
8.	Multiply the amount on Line 7 above by 3% (.03). Enter the result.	3	1539
9.	Compare the amounts on Line 4 and Line 8 above. Enter the SMALLER of the two amounts here.)	1539
10.	Total Itemized Deductions. Subtract Line 9 from Line 1. Enter the result here and on page AR3, Line 28 and see Note below)	12144

NOTE: Also enter on Form AR1000/AR1000NR, Line 36, the larger of the amount you enter on page AR3, Line 28, or your standard deduction.

Mileage and Depletion Allowances

1.	Business	37.5 cents a mile
2.	Charitable	14 cents a mile
3.	Mail Carrier (rural)	Reimbursement received
4.	Medical and Moving	14 cents a mile
5.	Depletion (gas and oil)	Same as Federal (15% for most gas

Other Useful Telephone Numbers

Corporate Income Tax Information	(501) 682-4775
Franchise Tax Information, Corporate	(501) 682-3409
Internal Revenue Service Assistance	
Sales and Use Tax Information	(501) 682-7104

Individual Income Tax Information Hot-Line

(501) 682-1100 or 1-800-882-9275 (In Arkansas Only)

This system is designed to allow taxpayers to access general information about filing 24 hours a day. Personal assistance will be available during our normal business hours (Monday through Friday - 8:00 a.m. to 4:30 p.m.). The areas that can be reached by this system are as follows:

Taxpayer Assistance Branch
Refund Branch
Audit and Examination Branch
Delinquent Income Tax Branch

Hearing Impaired Access for Information,
Assistance and Forms(501) 682-4795
This number can only be reached by use of a Text Telephone Device.

Other Individual Income Tax Section Telephone Numbers

Estate Tax Information (501) 682-7230

Estimated Tax Branch (501) 682-7272

Withholding Tax Branch (501) 682-7290

One Form Per Student

Name as Shown on Return	Social Security Number						
TEST I WHY	400-00-55	400-00-5507					
Individual Attending Institution	Social Security Number						
	400-00-55	527					
WILLIOT.	Relationship to Taxpayer						
WILNOT	CHILD						
2. Name of Institution: WYNOT UNIVERSITY							
Check One: 2-Year 4-Year Technic	cal Institute						
3. Total Tuition paid by Taxpayer: (See Instructions)	3≻	4330	00				
4. Multiply line 3 by 50% (.50):	4≻	2165	00				
5. Multiply the appropriate Weighted Average Tuition by 50% (.50): (See II	nstructions) 5 >	2297	00				
6. Enter the lesser of line 4 or line 5 here and on Form AR3, Line 20:	6>	2165	00				

Instructions

- Line 1. Enter the name of the individual attending a post-secondary educational institution, social security number and relationship to taxpayer. (Taxpayer, taxpayer's spouse or taxpayer's dependent)
- Line 2. Enter the name of the institution. Study must be for an associate, undergraduate or graduate degree. The institution can be located out of Arkansas, but you must use the Arkansas Weighted Tuition Average in determining the maximum allowable deduction.
- Line 3. Enter the amount of tuition paid. Reduce the amount of tuition paid by any reimbursements from scholarships, grants and/or fellowships. **Do not** include expenses paid for fees, books, or lodging.
- Line 4. Enter 50% of Line 3, tuition paid.
- Line 5. Enter 50% of the Weighted Average Tuition. The Weighted Average Tuition shall be determined for the three classifications each year. The three classifications are 2-year colleges, 4-year colleges and technical institutes located in Arkansas. The Weighted Average Tuition for tax year 2003 is as follows:

	Per Year
2-year Colleges	\$1,797
4-year Colleges	\$4,593
Technical Institutes	\$ 998

Line 6. Total the amounts of all AR1075's and enter on the Itemized Deduction Schedule (AR3), Line 20, Post-Secondary Educational Tuition Deduction.

ARKANSAS TEST CASE # 8

FORMS REQU	U IRED: A	R1000F, 1099R(S)				
OTHER:						
THIRD PART	Y DESIG	NEE:				
TAXPAYER: NAME: TEST M LUCKY OCCUPATION: RETIRED DISABLED: NO			DOB: 01/10/1930 BLIND: NO			
SPOUSE:		LOSER LUCKY ATION: RETIRED ED: NO	DOB: 04/22/1928 BLIND: NO	SSN: 400-00-5528 DEAF: NO		
ADDRESS:	13 WINN HORESI	NERS CR HOE, AR 71655				
FILING STAT	US: MAI	RRIED FILING JOINT				
DEPENDENT	(S):	NAME	AGE	RELATIONSHIP		
INTEREST IN	COME:					
DIVIDEND IN	COME:					
DIRECT DEPOBLANK NAME: RTN: ACCOUNT NUTYPE:	:					

	☐ CORRI	ECTI	ED (if checke	d)			_	
PAYER'S name, street address, city, state, and ZIP code			1 Gross distribution			1B No. 1545-0119	_	Distributions From
THOROUGHBRED RETIREMENT FARM 1 LICKSKILLET LANE HORSHESHOE AR 71655		\$ 14000 2a Taxable amount \$ 9000		20 04 Form 1099-R		Pensions, Annuities Retirement of Profit-Sharin Plans, IRAs Insuranc Contracts, etc		
		21	Taxable amour not determined			Total distributio	n 🗌	Copy B Report this
PAYER'S Federal identification number	RECIPIENT'S identification number	3	Capital gain (in in box 2a)	cluded	4	Federal income withheld	tax	income on your Federal tax return. If this
56-1234567	400-00-5508	\$			\$	1000		form shows Federal income
RECIPIENT'S name		5	Employee contr or insurance pre		6	Net unrealized appreciation in employer's sec		tax withheld in box 4, attach this copy to
TEST M LUCKY		\$			\$			your return.
Street address (including apt. no	o.)	7	Distribution code(s)	IRA/ SEP/	8	Other		This information is
13 WINNERS CR				SIMPLE	\$		%	being furnished to
City, state, and ZIP code HORSESHOE AR 71655		9a	Your percentage distribution	of total %	9b \$	Total employee con	tributions	Revenue Service.
Account number (optional)		10	State tax withhe	eld	11	State/Payer's s	tate no.	12 State distribution
		\$				AR 56-1234	 567	\$ 14000
		13	Local tax withhe	eld	14	Name of localit		15 Local distribution
		\$						\$
		\$			[\$

Form **1099-R**

Department of the Treasury - Internal Revenue Service

	☐ CORR	ECTI	ED (if checke	d)			_	
PAYER'S name, street address, city, state, and ZIP code			1 Gross distribution OMB No. 1545-0119			_	Distributions From	
THOROUGHBRED RETIREMENT FARM 1 LICKSKILLET LANE HORSESHOE AR 71655		\$ 2a \$	2a Taxable amount		20 04 Form 1099-R		Pensions, Annuitie Retirement Profit-Shari Plans, IRA Insuran Contracts, e	
		21	b Taxable amour			Total distribution	n 🗍	Copy B
PAYER'S Federal identification number	RECIPIENT'S identification number	3	Capital gain (in in box 2a)	cluded	4	Federal income withheld	tax	Report this income on your Federal tax return. If this
56-1234567	400-00-5528	\$			\$			form shows Federal income
RECIPIENT'S name		5	Employee contri or insurance pre			appreciation in		tax withheld in box 4, attach this copy to
LOSERS LUCKY		\$			\$			your return.
Street address (including apt. no	o.)	7	Distribution code(s)	IRA/ SEP/	8	Other		This information is
13 WINNERS CR			0000(5)	SIMPLE	\$		%	This information is being furnished to the Internal
City, state, and ZIP code HORSESHOE AR 71655		9a	Your percentage distribution	of total %	9b \$	Total employee con	tributions	Revenue Service.
Account number (optional)		10 \$	State tax withhe	eld	11	State/Payer's s		12 State distribution \$ 5000
		\$				7111 00 120		\$
		13	Local tax withhe	eld	14	Name of localit	у	15 Local distribution
		\$						[\$ ¢

Form **1099-R**

Department of the Treasury - Internal Revenue Service

2	n	04 AR1000 ARKANSAS INDI	VIDUAL IN	ICOME TAX RETURN							
		Dec 31, 2004 or fiscal year ending	l aent , 20 •	• Sept. 650 5illy							
-		ST NAME(S) AND INITIAL(S) (List both if applicable)		E(S) (See Instructions)	Y	OUR SOCIAL S	ECL	JRITY NUMBER			
		TEST M & LOSER	• LUC		•	40	^ ^	00 5500			
r re					400-00-5508						
ABE	PRE	SENT ADDRESS - NUMBER AND STREET, APARTMENT (OR RURAL F	ROUTE	SI	POUSE SOCIAI	L SE	CURITY NUMBER	?		
USE LABEI RINT OR TY	•	13 WINNERS CR			•	40	0-0	00-5528			
<u> </u>	CITY	, TOWN OR POST OFFICE, STATE AND ZIP CODE						You MUST			
	•	HORSESHOE AR	71655		•	MPORTA	NI	enter your SSN(s) above	^		
×	1. •	SINGLE (Or widowed before 2004 or divorced at end of	of 2004)	4. ● ☐ MARRIED FI	LING SEP	ARATELY ON 1	THE	SAME RETURN			
NG STATUS Only One Box	2. •	MARRIED FILING JOINT (Even if only one had income	e)	5. ● ☐ MARRIED FI	LING SEF	ARATELY ON [OIFF	ERENT RETURNS	3		
NG S.	3. ●	HEAD OF HOUSEHOLD (See Instructions)		Enter spouse	's name h	ere and SSN ab	ove				
Check		If the qualifying person is your child but not your dependenter this child's name here:	dent,			ER) with depen	dent	t child.			
	HAV	TE YOU FILED A FEDERAL EXTENSION? • Check this Federal E	s box if you ha	ave filed an automatic	Check this	s box if you have	an Form	approved addition 2688. (See Instr.)	ıal		
_		▼ YOURSELF • ▼ 65 or OVER • 65 SPECIAL				OUSEHOLD/	01111	2000: (000 mou.)			
CREDITS		SPOUSE	_	a		G WIDOW(ER))				
CRE		₩ 61 0002 1 ₩ 60 61 20 7 E	- <u> </u>	.5 - 1 55.1				80	loc		
MAL	7B.	First name(s) of dependents: (Do not list yourself or spouse)	Multi	ply number of boxes checked to ply number of dependents from	from Line 7	A 4 X \$2			00		
PERSONA	7C.	First name of developmentally disabled individual(s): (See Ins	str.) Multi	ply number of developmentally	/ disabled						
			indivi	iduals from Line 7C		● 🔲 X \$5	= 00	0.0	00		
	I /I)										
	75.	TOTAL PERSONAL CREDITS: (Add Lines 7A, 7B and 7C. E		re and on Line 44)			رل ا	80 (B) Snave Incom	00		
_	75.	ROUND ALL INCOME FIGURES TO WHOLE DOL		re and on Line 44)		Your/Total Income	ש׳	(B) Spouse Incom	ne		
m(s)	8.	· · · · · · · · · · · · · · · · · · ·	LARS	·		Your/Total Income		(B) Spouse Incom	ne		
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30. Alimony/separate maintenance paid to: Name: ______ SSN: _____ 30

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							(A) Your/Total Income			(B) :	Spouse Inc Status 4 0	
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	35.	ADJUSTED GROSS INCOME		imns A and B, Page A	K1)	. 35	-15,50	000	35			00
	36.	Select tax table: (Check the ap		X REGULAR Tab	2 ما							
z		If you qualify for the Low Income		_								
Ę		· · · · —	•	itemized deduction so	•							
TAX COMPUTATION		the larger OR										
M			d Deduction (See	Standard Deduction Ir	nstr Line 36)	. 36 ●	4,00	0 00	36 ●			loc
ŏ	37.	NET TAXABLE INCOME: (Sub	•		,			_	37 ●			00
¥	38.	Tax: (Enter tax from tax table)		,				0 00	38			0 00
	39.	Combined tax: (Add amounts fr	om Lines 38A and 38	B and enter here)					39			0 00
	40.	Income Tax Surcharge: (Multiply	y Line 39 by 3% (.03)	; TEXARKANA RESIL	DENTS SEE INSTA	RUCTIO	ONS)		40 ●			00
	41.	Enter tax from Lump Sum Distr										00
	42.	IRA and qualified plan withdraw										00
	43.	TOTAL TAX: (Add Lines 39 th	<u> </u>					_	_			0 00
	44.	Personal Tax credit: (Enter total		,			8	0 00	4			
	45.	State Political Contributions cre						00	-			
Ξ	46.	Other State Tax credit: [Attach a Child care credit: (Attach Federal)						00	-			
CREDIT	47. 48	Credit for adoption expenses: (00	-			
	49.	Phenylketonuria Disorder credit	,					00	-			
TAX	50.	Business and Incentive Tax cre	•					00	_			
	51.	TOTAL CREDITS: (Add Line				_			⊒ 51 ●			80 00
	52.	NET TAX: (Subtract Line 51 fi	rom Line 43. If Line 51	1 is greater than Line 4	13, enter 0)				52 ●			0 00
	53.	Arkansas Income Tax withheld:						00)			
TS	54. Estimated tax paid or credit brought forward from last year:)			
Ä.	55.	Payments made with extension	: (See Instructions)			. 55 ●		00	<u> </u>			
PAYMENTS	56.	Early childhood program: Certifi				-						
-		(Attach Fed. Form 2441 or 1040)				_		00				loc
	57.	TOTAL PAYMENTS: (Add L										00
Щ	58. 59.	AMOUNT OF OVERPAYMING Amount to be applied to 2005 e	•	-				00	7			Juc
X DUE	60.	Amount of Checkoff Contributio						00	4			
OR TAX	61.	AMOUNT TO BE REFUND				_	REF			\odot		loc
	62.	AMOUNT DUE: (If Line 57 is le										00
OND.	62A.	Attach Form AR2210: Enter Ex	ception in box 62A ●	Penalty	62B ●		00					•
REFU	62C.	Please attach your check or mo	oney order, made out	to "Dept. of Finance a	nd Administration",	for the	tax and					
		penalty (if applicable) due. Be s	ure to write your Soci	al Security Number on	your check:		TOTAL E	UE	52C ●			00
	63.	Amount of income not subject to	o Arkansas tax from A	AR4, Part III: (Memoral	ndum only)		May the					Yes
							Agency dis				tn \square	No
	5'	FACE CION LIESE										_
		EASE SIGN HERE: Un tements, and to the best of										
ř Fr		payer) is based on all inform	•	•	•	00	inplotor Boolan		. . . ,	. ора. ч	. (0	
PLEASE SIGN HERE	Your	Signature			Occupation		Date		I	lome Te	elephone:	
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	Spot	use's Signature			Occupation		Date		٧	Vork Te	lephone:	
									_	Fau Dani		a Only
~	Paid 	Preparer's Signature			ID Number/Social	Securi	ty Number			. T	artment Us	Jilly
D RER	Pren	parer's Name			City/State/Zip				1	_	- '	1
PAID PREPAR	'''	aloi o Hallio			J.i.y/Olaic/Zip					3 •		1
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٦	~~ <u> </u>	<u> </u>		eturns to: DFA State Inc						- ●		

Please Note: DUE DATE IS APRIL 15, 2005

ARKANSAS TEST CASE # 9

FORMS REQUIRED: AR1000F, AR3, AR1000D, W-2(S), 1099R **OTHER:** THIRD PARTY DESIGNEE: YES TAXPAYER: NAME: TEST C ACAPPELLA **DOB:** 05/10/1938 SSN: 400-00-5509 OCCUPATION: STOCK CLERK **BLIND:** NO **DEAF:** NO **DISABLED:** NO **SPOUSE:** NAME: OFFKEY D ACAPPELLA **DOB:** 12/25/1938 SSN: 400-00-5529 **OCCUPATION:** RETIRED **BLIND:** NO **DEAF:** NO **DISABLED:** NO ADDRESS: 4 QUARTET CTR SOLO AR 71955 FILING STATUS: MARRIED FILING SEPARATELY **DEPENDENT(S): NAME AGE** RELATIONSHIP **INTEREST INCOME: DIVIDEND INCOME:**

DIRECT DEPOSIT:

BANK NAME: BANK 1 RTN: 123153859 ACCOUNT NUMBER: 4336455789 TYPE: CHECKING

		СТІ	ED (if checke	d)			_	
PAYER'S name, street address, city, state, and ZIP code SNODGRASS FEED AND SEED RETIREMENT 1 PLANTATION ST SOLO AR 71655			Gross distribut 16000 Taxable amour 14000			1B No. 1545-0119 2004 Form 1099-R	_	Distributions From nsions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S Federal identification	RECIPIENT'S identification		Taxable amour not determined Capital gain (in	d l	1	Total distribution		Copy B Report this income on your
02-5689124	number 400-00-5529	\$	in box 2a)	loidaea	[‡]	withheld	tax	Federal tax return. If this form shows Federal income
RECIPIENT'S name OFFKEY D ACAPPELLA	4	5	or insurance pre		6	Net unrealized appreciation in employer's sec	urities	tax withheld in box 4, attach this copy to your return.
Street address (including apt. no).)	7		IRA/ SEP/ SIMPLE		Other	%	This information is being furnished to the Internal
City, state, and ZIP code SOLO AR 71655		9a	Your percentage distribution	of total %	9b \$	Total employee con	tributions	Revenue Service.
Account number (optional)		10 \$ \$	State tax withhe	eld	11	State/Payer's s	tate no.	12 State distribution \$
		13 \$		eld	14	Name of localit	у	15 Local distribution

Form **1099-R**

Department of the Treasury - Internal Revenue Service

a Control number		OMB No. 15	545-0008	Safe, a	accurate, Use	IRS	₩¶		Visit the IRS at www.irs. ç	
b Employer identification number	02-	-5689124		1 Wa	ages, tips, c	other comp	ensation	2 Fed	eral income f	tax withheld
c Employer's name, address, and SNODGRASS FEED AN				3 So	cial secur 7	ity wages		4 Soc	ial security to	
1 PLANTATION ST SOLO AR 71655	D SEED			5 Me	edicare wa	ages and t	tips	6 Med	licare tax wit 254	
0020741177000				7 So	cial secur	ity tips		8 Allo	cated tips	
d Employee's social security number		00-00-5529		9 Ad	Ivance EIC	payment	t	10 Dep	endent care	benefits
e Employee's first name and initia	l Last name			11 No	onqualified	plans		12a See	instructions	for box 12
OFFKEY D ACAPPELLA 4 QUARTET CTR				13 Statute emplo	ory Ret yee plar		Third-party sick pay	12b		
SOLO AR 71655				14 Ot	her			12c		
								12d C O O O O		
f Employee's address and ZIP co	de									
15 State Employer's state ID num AR 02-568912		ate wages, tips, etc.	17 State incom 300	e tax	18 Local	wages, tip	os, etc.	19 Local inc	come tax	20 Locality name
02-568912	4									

Wage and Tax Statement



Department of the Treasury-Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.

a Control number		OMB No. 15	545-0008	Safe, FAST!	accurate, Use	IRS	vfi	Ð		the IRS	
b Employer identification number	43	-7685943		1 W	ages, tips,	other comp	pensation	2 F	ederal i	income t 1800	ax withheld
c Employer's name, address, and				3 Sc	ocial secui	rity wages	3	4 S	ocial se	ecurity ta	x withheld
SOLO CITY ORCHESTF SOLO CENTER STE 42 SOLO AR 71655				5 M	edicare w	ages and	tips	6 N	1edicare	e tax witl	hheld
				7 Sc	ocial secu	rity tips		8 A	llocated	d tips	
d Employee's social security num		00-00-5509		9 Ad	dvance El	C paymer	nt	10 D	epende	ent care	benefits
e Employee's first name and initia	l Last name			11 No	onqualified	plans		C	ee insti	ructions	for box 12
TEST C ACAPPELLA				- Ctatu	ton: Po	tirement	Third-party	d e			
4 QUARTET CTR				13 Statu emple	oyee pla		sick pay	12b			
SOLO AR 71655				14 O	thor _			12c			
				14 0	uiei			C			
								12d			
f Employee's address and ZIP co	ode										
15 State Employer's state ID nun OK 43-768594		ate wages, tips, etc. 25500	17 State incom 1785		18 Loca	l wages, ti	ps, etc.	19 Local	income	e tax	20 Locality name
43-768594	3										

W-2 Wage and Tax Statement



Department of the Treasury-Internal Revenue Service

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_		OA ADAOOO ARKANSAS INDI	VIDIJAI INC	OME TAY R	FTIIRN							
		U4 AR'IUUU Full Year Resi	i <mark>dent</mark>	Dept. Use Onl						F		
Jan		Dec 31, 2004 or fiscal year ending, T NAME(S) AND INITIAL(S) (List both if applicable)	20 ● LAST NAME(S	(See Instru	ntiona)	Tyour	COCIAL S		IDITY NILIMBED	_		
			·	, .	Cuoris)	YOUR SOCIAL SECURITY NUMBER						
.ш	•	EST C & OFFKEY D	ACAPF	PELLA		•	40	0-0	00-5509			
ZEE	PRE:	SENT ADDRESS - NUMBER AND STREET, APARTMENT	OR RURAL RO	UTE		SPOUS	SE SOCIA	L SE	CURITY NUMBER			
USE LABEI	•	4 QUARTET CTR				•	40	0-0	00-5529			
28	CITY	TOWN OR POST OFFICE, STATE AND ZIP CODE							You MUST			
	•	SOLO AR 716	55			IMP	ORTA	NT	enter your SSN(s) above	A		
	1. •	SINGLE (Or widowed before 2004 or divorced at end of	f 2004)	4. • X N	IARRIED FIL	ING SEPARA	TELY ON T	THE:	SAME RETURN			
FILING STATUS Check Only One Box	2. •	MARRIED FILING JOINT (Even if only one had income	e)	5. ● □ N	IARRIED FIL	ING SEPARA	rely on i	OIFF	ERENT RETURNS			
NG ST	3. ●	HEAD OF HOUSEHOLD (See Instructions)		E	nter spouse's	s name here a	nd SSN ab	ove				
FILI		If the qualifying person is your child but not your dependenter this child's name here:	dent,			WIDOW(ER)		ident	child.	_		
	HAV	E YOU FILED A FEDERAL EXTENSION? Check this Federal Extension?	box if you have	filed an autor	matic • 🔲	Check this box	if you have	e an :	approved additional			
		▼ YOURSELF ● ▼ 65 or OVER ● ▼ 65 SPECIAL		•		EAD OF HOUS			2000: (000 111011:)	Γ		
CREDITS		SPOUSE	_	• DEA		JALIFYING W	DOW(ER))				
	7R	First name(s) of dependents: (Do not list yourself or spouse)	Multiply	number of box	ros chockod fr	om Line 7A	5 X \$2	20 =	100	00		
PERSONAL	<i>'</i> D.	This trialite(s) of dependents. (Do not list yourself of spouse)					■ X \$2			00		
ERS	7C.	First name of developmentally disabled individual(s): (See Institute of the Institute of th	str.) Multiply	number of dev	elopmentally	disabled	. □ ∨ ¢c			00		
	7D.	TOTAL PERSONAL CREDITS: (Add Lines 7A, 7B and 7C. E	individua Inter total here a	als from Line 7 and on Line 44	6		, LL X 95	7D	100	00		
_		· · · · · · · · · · · · · · · · · · ·			,	(A) Your/T			(B) Spouse Income	00		
(s)	8.	ROUND ALL INCOME FIGURES TO WHOLE DOL Wages, salaries, tips, etc.:	_		0	Inco	me 5,500 00	8	Status 4 Only 7,000	Ω		
E.		U. S. military compensation pay: (Your/joint gross amount).			s \$6,000 9A	20	00	1 1	7,000			
96 F		U. S. military compensation pay: (<i>Spouse gross amount</i>)			s \$6,000		100	9B		0		
100		Minister's income: Gross \$ Less					00	1 1		0(
×-2		Interest income: (If over \$1,500, attach page AR4)					150 00	4 · ~ F	150	0		
o A		Dividend income: (If over \$1,500, attach page AR4)					00	1 1		0		
hec		Alimony and separate maintenance received:					00	13		00		
Щ <u>0</u>	14.	Business or professional income: (Attach Federal Schedule	C or C-EZ)		14		00	14		00		
INCOME e / Place	15.	Capital gains/losses from stocks, bonds, etc.: (See Instr. Att	ach Federal Sc	hedule D)	15	•	,100 00	15	• 6,100	00		
Ž ė	16.	Other gains or (losses): (Attach Federal Form 4797)			16		00	16		00		
) he	17.	Non-Qualified IRA distributions and taxable annuities:					00	17		00		
Ē	18A.	Your/Joint Employer pension plan/Qualified IRA: (See Impo										
<u>5</u>		Gross Distribution ● 00 Taxable An		00	\$6,000 18A		00					
109	18B.	Spouse Employer pension plan/Qualified IRA (Filing Status		11.000	Less				8,000	١,		
N-2/	40	Gross Distribution • 16,000 00 Taxable An		14,000 00	,	-7	000 00	18B		-		
당	۱					/	,000 00		7,000	_		
Atta	20.	Farm Income: (Attach Federal Schedule F) Other income: (List type and amount. See Instructions)					00	20		00		
	21. 22.	TOTAL INCOME: (Add Lines 8 through 21)				22	3,550 00			_		
	23.	Payments to RA and MSA: (See Instructions)						23		00		
	24.	Deduction for interest paid on student loans:(See Instruction			1			24		0		
		Contributions to Intergenerational Trust: (See Instructions).	•			•		25		00		
	7:1				/:1							
	25. 26.	Moving expenses: (Attach Federal Form 3903)			1			26		0		

30. Alimony/separate maintenance paid to: Name: ______ SSN: _____ 30

00 28

00 29

00 30

00 31

00 32

33 00

00

23,550

00

00

00

00

00

00

28,250

							(A) Your/Total Income				pouse Inco	
	35.	ADJUSTED GROSS INCOME	-· (From Line 34 Colum	ns A and B. Page A	AR1)	35	23,550	00	35		28,2	250 00
	36.	Select tax table: (Check the ap	•	=, . age :	,	-	-,	-				+
		● LOW INCOME	_	X REGULAR Ta	ble 2							
z		If you qualify for the Low Incom	•									
TAX COMPUTATION		· · · · · ·	d Deductions (See ite	,	•							
Ž		the larger OR	,		,							
Σ		of your:	rd Deduction (See St	andard Deduction	Instr., Line 36)	36 ●	2,596	00	36 ●		3,1	72 00
×	37.	NET TAXABLE INCOME: (Sub	tract Line 36 from Line 3	35)		37 ●	20,954	00	37 ●		25,0	78 00
¥	38.	Tax: (Enter tax from tax table)				38	779	00	38		1,0	<mark>25</mark> 00
	39.	Combined tax: (Add amounts fr	rom Lines 38A and 38B	and enter here)					.39		1,8	00
	40.	Income Tax Surcharge: (Multipl	ly Line 39 by 3% (.03); <mark>7</mark>	EXARKANA RESI	IDENTS SEE INST	RUCTIC	NS)		. 40 ●			54 00
	41.	Enter tax from Lump Sum Distr	ribution Averaging Sched	dule: <i>(Attach AR10</i>	00TD)				.41●			00
	42.	IRA and qualified plan withdraw	val and overpayment per	nalties: <i>(Attach Fe</i> d	leral Form 5329, if	required)			.42●			00
	43.	TOTAL TAX: (Add Lines 39 th							. 43 ●		1,8	58 00
	44.	Personal Tax credit: (Enter total					100	00				
	45.	State Political Contributions cre						00				
2	46.	Other State Tax credit: [Attach a					1,200					
CREDITS	47.	Child care credit: (Attach Feder				<i>'</i>		00				
	48	Credit for adoption expenses: (· · · · · · · · · · · · · · · · · · ·			_		00				
ΤĀ	49.	Phenylketonuria Disorder credit				_		00				
-	50.	Business and Incentive Tax cre				_		00	' -		4.0	00 00
	51.	TOTAL CREDITS: (Add Line	- ,									00 00
	52.	NET TAX: (Subtract Line 51 fi							. 52 ●		5	58 00
	53.	Arkansas Income Tax withheld:				_		00				
PAYMENTS	54.	Estimated tax paid or credit bro						00				
Ξ	55. 56.	Payments made with extension Early childhood program: Certif	•		•••••	55 🖳		UU				
Æ	30.	(Attach Fed. Form 2441 or 1040)		P1000EC 20% of	End credit allowed	- 56		00				
	57.	TOTAL PAYMENTS: (Add L				_					6	58 00
	58.	AMOUNT OF OVERPAYMI										00 00
DOE	59.	Amount to be applied to 2005 e					50					
	60.	Amount of Checkoff Contribution				_		00				
OR TAX	61.	AMOUNT TO BE REFUND				_	REFUN	ID	61 ●	<u> </u>		50 00
	62.	AMOUNT DUE: (If Line 57 is le							-			00
QN D	62A.	Attach Form AR2210: Enter Ex	ception in box 62A	Penalty	y 62B ●	0	0		_			
REFU	62C.	Please attach your check or mo	oney order, made out to	 "Dept. of Finance a	and Administration"	, for the t	ax and					
		penalty (if applicable) due. Be s	sure to write your Social	Security Number o	n your check:		TOTAL DU	E 6	2C ●			00
	63.	Amount of income not subject t	to Arkansas tax from AR	4, Part III: (Memore	andum only)		May the Ark				101	Yes
							Agency discu				, <u> </u>	No
							the preparer	SH	JWII DE	elow?		
		EASE SIGN HERE: U										
Щ		tements, and to the best of payer) is based on all inform				and co	mplete. Declarati	on	of p	repare	r (other	than
PLEASE SIGN HERE		,	nation of which prepa	arer nas any kno			1_					
P.E.	Your	r Signature			Occupation		Date		H	me Tel	ephone:	
_ 2	Spor	use's Signature			Occupation		Data		10/	ork Tele	nhono:	
	Spot	use's Signature			Occupation		Date		"	ork rele	priorie.	
_	Paid	I Preparer's Signature			ID Number/Socia	al Securit	y Number		F	or Depai	rtment Us	e Only
œ	Faiu	i Freparer s Signature			a Number/Socia	ai Occuri	y Number		Α	T	•	
PAID PREPARER	Pren	parer's Name			City/State/Zip						\top	
PAID									В	_		4
8	Add	ress			Telephone Numb	er			<u> </u>	_	1	
			1						D	_		
>		Mailing Information	Mail REFUND returns t Mail TAX DUE returns				ittle Rock, AR 72203-1 ittle Rock, AR 72203-2			•		
<u>ا</u>	<u>ک</u> '		Mail NO TAX DUE returns							•		

AR3 ARKANSAS INDIVIDUAL INCOME TAX RETURN Itemized Deduction Schedule

Name	Social Securi	ity Number		
TEST ACAPELLA		400-00-55	509	
MEDICAL AND DENTAL EXPENSES: [Do not include expense(s) paid by others]. (See Instructions	s)			
Medical and dental expenses:		5000 00		
2. Enter amount from AR1000/AR1000NR, Line35A and 35B	0			
3. Multiply Line 2 by 7.5% (.075)	3	3 <mark>885</mark> 00		
4. TOTAL MEDICAL EXPENSE: (Subtract Line 3 from Line 1; If Line 3 is more than Line 1, enter -0-)		4>	1115	00
TAXES: (See Instructions)				
5. Real estate tax:		1000 00		
6. Personal property tax or other taxes (Attach List):	6	300 00		
7. TOTAL TAXES: (Add Lines 5 and 6)		7>	1300	00
INTEREST EXPENSE: (See Instructions)				
Home mortgage interest paid to financial institutions:	8	00		
Home mortgage interest paid to an individual:				
Name: CLEO CEASAR				
Address: 15 IDES OF MARCH PKWY ROME AR 71655		1500 00		
10. Deductible points:		00		
11. Investment interest: (Attach Federal Form 4952)		00	I	1
12. TOTAL INTEREST EXPENSE: (Add Lines 8 through 11)		12>	1500	00
CONTRIBUTIONS: (See Instructions)				
13. Cash contributions:		1853		
14. Art and literary contributions: (See Instructions)		00		
15. Check-off contributions: (See Instructions)		00		
16. Other:		00		
	0	105	4050	Incl
18. TOTAL CONTRIBUTIONS: (Add Lines 13 through 17)		18>	1853	00
CASUALTY AND THEFT LOSSES: (See Instructions)		105		loo
19. TOTAL CASUALTY AND THEFT LOSSES: (Attach Federal Form 4684)		19≯	<u> </u>	00
POST-SECONDARY EDUCATION TUITION DEDUCTION: (See Instructions)		20~		00
20. TOTAL POST-SECONDARY EDUCATION TUITION DEDUCTION: [Attach AR1075(s)]		20 🗡	l	Juu
21. Unreimbursed employment business expenses: (Attach Federal Form 2106)	21	00		
22. Other Expenses: (List type and amount)	21	00		
23. Add the amounts on Lines 21 and 22. Enter the total.	···	00		
	23 [)0	[00]		
25. Multiply Line 24 above by 2% (.02)		00		
26. TOTAL MISCELLANEOUS DEDUCTIONS: (Subtract Line 25 from Line 23; If Line 25 is more than L				00
OTHER MISCELLANEOUS DEDUCTIONS: (See Instructions)		- / 20 /	1	100
27. TOTAL MISCELLANEOUS DEDUCTIONS NOT SUBJECT TO THE 2% AGI LIMITATION. (Attach li	ist)	27>		00
TOTAL ITEMIZED DEDUCTIONS:	- 7		1	
28. If the amount on AR1000/AR1000NR, Line 35A and 35B is \$142,700 or less (\$71,350 if married				
filing separately on separate returns), add Lines 4, 7, 12, 18, 19, 20, 26 and 27. Enter the total here.				
If the amount on AR1000/AR1000NR, Line 35A and 35B is over \$142,700 (\$71,350 if married filing s	separately on			
separate returns), see worksheet in the instructions to calculate the allowable amount to enter. Enter		ount here.		
IF YOU CHECKED FILING STATUS 1, 2, 3 OR 6, enter the allowable amount here and on AR1000/			5768	00
Note: Complete lines 29 through 33 ONLY if you and		DUR	SPOUSE'	
your spouse are using Filing Status 4 or 5.		ross Income Column A	Adjusted Gross Line 35, Colu	Income
29. Enter the adjusted gross income from AR1000/AR1000NR Line 35, Columns A and B here 29/	A 235	50 00 29B	28250	00
30. Total Arkansas adjusted gross income, add columns 29A and 29B from above and enter here		30	51800	00
31. Divide the amount on Line 29A by the amount on Line 30. Enter the percentage here		31	45	%
32. Multiply Line 28 by the percentage on Line 31. Enter here and on AR1000/AR1000NR, Line 36, Col.	Α	(YOU) 32	2596	00
33. Subtract Line 32 from Line 28. Enter here and on AR1000/AR1000NR, Line 36, Col. B. If you and your spouse are using Filing status 5, enter this amount on Line 36, Col. A of your spouse'	s return	(SPOUSE) 33	3172	00

AR1000D

STATE OF ARKANSAS CAPITAL GAINS SCHEDULE INDIVIDUAL INCOME TAX RETURN

Name	Social Security Number
TEST ACAPPELLA	400-00-5509

STATE TAX DEPRECIATION PROVISION UNAFFECTED BY NEW FEDERAL LAW

Arkansas has not adopted the depreciation provisions contained in the Job Creation Workers Act of 2002 and the Jobs and Growth Tax Relief Reconciliation Act of 2003.

While the new depreciation provisions may be used for federal returns, Arkansas operates under a different tax code. On Arkansas income tax returns, taxpayers must file following the rules in sections 167, 168, 179, and 179A under the Internal Revenue Code of 1986, enacted January 1, 1999.

Arkansas does not recognize the 50% bonus depreciation or the increased Section 179 expense provisions, therefore there may be differences in the Arkansas and the federal basis of assets that you dispose of during the year. These and any other differences should be reconciled using the adjustment lines in the worksheet below.

You can find more information about Arkansas tax code, or file your income tax electronically, by visiting the Department of Finance and Administration web site at www.arkansas.gov/dfa

Complete this worksheet if you have a CAPITAL GAIN OR LOSS reported on Federal Schedule D, or if Sch. D is not required, a gain reported on Federal Form 1040, Line 13.

Adjust your gains and losses for any differences in the federal and Arkansas amounts using Lines 2, 5 and 10.

Attach this schedule to your return.

		(A) Per Federal Sch	D	(B) You		(C) Your Spouse	
1.	Enter Federal Long-Term Capital Gain or Loss reported on Line 15,						
	Federal Schedule D or Form 1040, Line 13 1	-2,000	00	-10,000	00	8,000	00
2.	Enter adjustment, if any, for differences in federal and state						
	amounts.		. 2		00		00
3.	Arkansas Long-Term Capital Gain or Loss, add (or subtract) Line 1 ar	nd Line 2	. 3	-10,000	00	8,000	00
4.	Enter Federal Net Short-Term Capital Loss, if any, reported						
	on Line 7, Federal Schedule D		00	400	00		00
5.	Enter adjustment, if any, for differences in federal and state						
	amounts.		. 5		00		00
6.	Arkansas Net Short-Term Capital Loss, add (or subtract) Line 4 and L	ine 5	. 6	-400	00		00
7.	Arkansas Net Capital Gain or Loss (If gain, subtract Line 6 from 3. If Id	oss add Lines 6 and 3) .	. 7	-10,400	00	8,000	00
8.	Arkansas Taxable Amount, if a Gain multiply Line 7 by 70 percent (.70), otherwise enter Loss.	8	-10,400	00	5,600	00
9.	Enter Federal Short-Term Capital Gain, if any, reported on						
	Line 7, Federal Schedule D	500	00		00	500	00
10.	Enter adjustment, if any, for differences in federal and state						
	amounts.		10		00		00
11.	Arkansas Short-Term Capital Gain, add (or subtract) Line 9 and Line	10	11		00	500	00
12.	Total taxable Arkansas Capital Gain or Loss, add Lines 8 and 11, enter	er here					
AP1000	and on Line 15, AR1000/AR1000NR		12	-10,400	00	6,100	00

ARKANSAS TEST CASE # 10

FORMS REQUIRED: AR1000N, AR3, AR1000D, AR100CO, 1099R, W-2

OTHER:

THIRD PARTY DESIGNEE: NO

TAXPAYER: NAME: TEST J CLEO **DOB:** 06/09/1975 **SSN:** 400-00-5510

OCCUPATION: MILITARY BLIND: NO DEAF: NO

DISABLED: NO

SPOUSE: NAME: CLEO CAESAR **DOB:** 03/24/1976 **SSN:** 400-00-5520

OCCUPATION: UNEMPLOYED BLIND: NO DEAF: NO

DISABLED: NO

ADDRESS: 15 IDES OF MARCH PKWY

ROME AR 71655

FILING STATUS: MARRIED FILING SEPARATELY ON SAME RETURN

DEPENDENT(S): NAME AGE RELATIONSHIP

JULIUS 15 SON MARK 14 SON

INTEREST INCOME:

DIVIDEND INCOME:

DIRECT DEPOSIT:

BANK NAME: BANK OF ROME

RTN: 082111444 **ACCOUNT NUMBER:** 12348456 **TYPE:** SAVINGS

		ECTI	ED (if checke	d)			_	
PAYER'S name, street address,	city, state, and ZIP code	1	Gross distribut	ion	ON	1B No. 1545-0119	_	Distributions From
STATE OF ARKANSAS R 111 TRAILER PARK RD ROME AR 71655				\$ 32000 2a Taxable amount \$ 30000				nsions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		21	Taxable amour not determined			Total distributio	n 🗌	Copy B Report this
PAYER'S Federal identification number	RECIPIENT'S identification number	3	Capital gain (in in box 2a)	cluded	4	Federal income withheld	tax	income on your Federal tax
01-1234567	400-00-5520	\$			\$	1500		return. If this form shows Federal income
RECIPIENT'S name		5	Employee contr or insurance pre		6	Net unrealized appreciation in employer's sec		tax withheld in box 4, attach this copy to
CLEO CAESAR		\$			\$			your return.
Street address (including apt. no	o.)	7	Distribution code(s)	IRA/ SEP/	8	Other		This information is
15 IDES OF MARCH PK	ZWY .		7	SIMPLE	\$		%	being furnished to
City, state, and ZIP code ROME AR 71655		9a	Your percentage distribution	of total %	9b \$	Total employee con	tributions	Revenue Service.
Account number (optional)		10	State tax withhe	eld	11	State/Payer's s	tate no.	12 State distribution
		\$	700		ļ	AR 01-1234	 567	\$ 25000
		13	Local tax withhe	eld	-	Name of localit		\$ 25000 15 Local distribution
					' '		.,	\$
		\$						\$

Form **1099-R**

Department of the Treasury - Internal Revenue Service

a Control number		OMB No. 15	545-0008	Safe, a	accurate, Use	IRS ;	√fi	D	Visit the IR at www.irs	
b Employer identification number	64-	-2131415		1 Wa	ages, tips, o	other comp 3000	pensation	2 Fe	ederal income 250	tax withheld
c Employer's name, address, and				3 Sc	ocial secur	ity wages	3	4 Sc	ocial security 390	
DEPARTMENT OF DEF 98 PARTHANON PLACE ROME AR 71655				5 M	edicare wa	ages and	tips	6 M	edicare tax w 91	
				7 Sc	ocial secur	ity tips		8 AI	located tips	
d Employee's social security number		00-00-5510		9 Ac	dvance EIC	paymer	nt	10 De	ependent car	e benefits
e Employee's first name and initia	l Last name			11 No	onqualified	plans		12a Se	ee instruction	s for box 12
TEST J CAESAR 15 IDES OF MARCH PK	WY			13 Statut	tory Ret pyee plan	irement n	Third-party sick pay	12b		
ROME AR 71655				14 Ot	her			12c		
								12d		
f Employee's address and ZIP co	de									
15 State Employer's state ID num AR 64-213141		ate wages, tips, etc. 25000	17 State incom 1200		18 Local	wages, ti	ps, etc.	19 Local	income tax	20 Locality name
TX 64-213141	5	38000								

Wage and Tax Statement



Department of the Treasury-Internal Revenue Service

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2004 AR1000RR ARKANSAS INDIVIDUAL INCOME TAX RETURN Nonresident and Part Year Resident Dept. Use Only

TEST HAMES) AND INTRALS) (Last com' applicable)	Jar	1 - D	ec 31, 2004 or fiscal year ending , 20 •			•							
TEST J & CLEO				LAST NAME(S	S) (See Instruction	ons)	YC	UR SOCIAL SEC	URIT	YNUMBER			
PRESENTADDRESS - NUMBERAND STREET APARTMENT OF RURAL ROUTE				• CAESA	λŔ			400-0	ეი-	5510			
Non-section Control	_ E												
Non-section Control	E T				OIL		l						
Non-section Control	20	•	• 15 IDES OF MARCH PKWY										
ATTACH A COPY OF YOUR COMPLETE FEDERAL RETURN INCRESCENT (Jul Select Areadonce) First TYPEN (RESDEE) MARRIED FILING SEPARATELY ON THE SAME RETURN	SIS	CITY					I II	IDODTANI					
NATIONA COPY OF YOUR COMPLETE FEDERAL RETURN NATIONAL CLASS SUMMED CLASS SU	_	•	ROME AR 716	555			IIV	IPORTANT	1	SSN(s) abov	/е [^]		
1.		ATT	ACH A COPY OF YOUR COMPLETE FEDERAL RETURN	NONRESIDENT: (L	ist State of residence)	PAR	TYEAR RESIDENT: (Ti	me of	residency in AR)			
2	_	1.0	ONDOLE (Ossidensed before 2004 and begoes detected at	10004)	4 - 12 144		_						
	30 X	1. ●	SINGLE (Or widowed before 2004 or divorced at end of	EPA	RATELY ON THE	SAIV	IE RETURN						
NAVE YOU FILED A FEDERAL EXTENSION? Check this box if you have filed an automatic process. Check this box if you have an approved addition and the process of the pro	TATUS	2. •	MARRIED FILING JOINT (Even if only one had income,)	5. ● ☐ MAF	RRIED FILING S	EPA	RATELY ON DIFF	ERE	NT RETURNS			
	ING S	3. ●	HEAD OF HOUSEHOLD (See Instructions)		Ente	er spouse's name	e her	e and SSN above					
Total Personal Companies Federal Extension Form 4808 See Instr.	Check												
Section Sect		HAV	TE YOU FILED A FEDERAL EXTENSION? Check the Federal E	is box if you hav Extension Form	re filed an autom 4868. (See Instr.	atic • \square Chec	k this	s box if you have a to file, Federal For	n ap rm 26	proved addition 888. (See Instr.)	nal		
Multiply number of boxes checked from Line 7A		7A.	¥ YOURSELF ● 65 or OVER ● 65 SPECIAL	• BLIND	● ☐ DEAF								
Multiply number of boxes checked from Line 7A	ET.		▼ SPOUSE ■□ SE SE OVED ■□ SE SPECIAL			QUALIF\	/ING	WIDOW(ER)					
Multiply number of boxes checked from Line 7A	Ä		S-003L UNIOVER UN 03 S-ECIAL		● LI DLAI								
### ROUND ALL INCOME FIGURES TO WHOLE DOLLARS ### ROUND ALL INCOME FIGURES TO WHOLE DOLLARS ### ROUND ALL INCOME FIGURES TO WHOLE DOLLARS ### Wages, stalaries, tips, etc.: 9A. U. S. military compensation pay: (Yourjoint gross amt.) 25000 00 55000 9A 19000 00 19000		7B.		Multiply	number of boxes	checked from Lin	e 7A			40	00		
### ROUND ALL INCOME FIGURES TO WHOLE DOLLARS ### ROUND ALL INCOME FIGURES TO WHOLE DOLLARS ### ROUND ALL INCOME FIGURES TO WHOLE DOLLARS ### Wages, stalaries, tips, etc.: 9A. U. S. military compensation pay: (Yourjoint gross amt.)	SON	70		Multiply				• [2] X \$20 =		40	00		
### ROUND ALL INCOME FIGURES TO WHOLE DOLLARS ### ROUND ALL INCOME FIGURES TO WHOLE DOLLARS ### ROUND ALL INCOME FIGURES TO WHOLE DOLLARS ### Wages, stalaries, tips, etc.: 9A. U. S. military compensation pay: (Yourjoint gross amt.) 25000 00 55000 9A 19000 00 19000	PER	/ (.	First name of developmentally disabled individual(s). (See Inst					• 🔲 x \$500=			00		
Non-Qualified IRA distributions and taxable annulties Social Residual R	_	7D.1	OTAL PERSONAL CREDITS: (Add Lines 7A, 7B and 7C. E	nter total here ar	nd on Line 44)			7D	Ī	80	00		
8. Wages, salaries, tips, etc.: 8			POUND ALL INCOME FIGURES TO WILL E DOL	LADE			al						
9A. U. S. military compensation pay: (*Yourjoint gross amt.) 9B. U. S. military compensation pay: (*Spouse gross amt.) 10	(s)	٥		_	Q	Income	Inn		i l	Income Ur	00		
9B. U. S. military compensation pay: (<i>Spouse gross amt.</i>)	Ē					19000			00	19000	00		
10	F	-				19000	100		00	19000	00		
11. Interest income: (If over \$1,500, attach page AR4) 12 10. 12. Dividend income: (If over \$1,500, attach page AR4) 12 10. 00 100 00 00 00 00	109	-			+-,		loo				00		
12 Dividend income: (If over \$1,500, attach page AR4) 12 100 00 100 00 00 00	W-2					75	_				00		
14. Business or professional income: (Attach Federal Schedule C or C-EZ) 14. 14. 15. 15. 14. 15. 15. 15. 16. 15. 16. 1	e o	12.					_		-		00		
15. Capital gains/losses from stocks, bonds, etc.: (See Instr. Attach Federal Schedule D) 15 15 15 15 15 15 15 1	hecl	13.	Alimony and separate maintenance received:		13		00		00		00		
17. Non-Qualified IRA distributions and taxable annuities:	ы 8 Ш	14.	Business or professional income: (Attach Federal Schedule	C or C-EZ)	14		00		00		00		
17. Non-Qualified IRA distributions and taxable annuities:	P S	15.	Capital gains/losses from stocks, bonds, etc.: (See Instr. Atta	nch Federal Sch	<i>edule D)</i> 15	 -1500 	00	-1500	00	-3000	00		
18A. Your/Joint Employer pension plan/Qualified IRA: (See Important Line 18 Instr, Page 15) Gross Distribution 00 Taxable Amount 00 Se.00018A 00 00 19000	Ĭ e	16.	Other gains or (losses): (Attach Federal Form 4797)		16		00		00		00		
Spouse Employer pension plan/Qualified IRA: (Filing Status 4 only) Spouse Employer pension plan/Qualified IRA: (Filing Status 4 only) Spouse Employer pension plan/Qualified IRA: (Filing Status 4 only) Spouse Employer pension plan/Qualified IRA: (Filing Status 4 only) Spouse Employer pension plan/Qualified IRA: (Filing Status 4 only) Spouse Employer pension plan/Qualified IRA: (Filing Status 4 only) Spouse Employer pension plan/Qualified IRA: (Filing Status 4 only) Spouse Employer pension plan/Qualified IRA: (Filing Status 4 only) Spouse Employer pension plan/Qualified IRA: (Filing Status 4 only) Spouse Employed IRA: (Filing Status 4 only) Spouse Employed IRA: (Attach Federal Schedule E) Spouse Employed IRA: (Status Federal Schedule E) Spouse IRA: (St) he	17.	Non-Qualified IRA distributions and taxable annuities:		17		00		00		00		
18B. Spouse Employer pension plan/Qualified IRA: (Filing Status 4 only) Gross Distribution	S) E	18A.	. , , , ,										
Second Contribution	<u>s</u>				00 _{\$6,000} 18A		00				00		
19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach Federal Schedule E) 19 00 00 00 00 00 00 00	1099	18B.			less top			24000		40000			
20. Farm Income: (Attach Federal Schedule F) 20 00 00 00 21. Other income: (List type and amount. See Instructions) 21 00 00 00 22. TOTAL INCOME: (Add Lines 8 through 21) 22 ■ 17675 00 ■ 22675 00 ■ 35000 00 00 00 00 00 00 00 00 00 00 00 00	₹	40					Too		\vdash	19000	00		
21. Other income: (List type and amount. See Instructions) 21 00 00 22. TOTAL INCOME: (Add Lines 8 through 21) 22 ■ 17675 00 ■ 22675 00 ■ 35000 23. Payments to IRA and MSA: (See Instructions) 23 00 00 00 24. Deduction for interest paid on student loans:(See Instructions) 25 Contributions to Intergenerational Trust: (See Instructions) 26 00 00 00 00 00 00 00 00 00 00 00 00 00	ch v	I	·		*		-		\vdash		00		
22. TOTAL INCOME: (Add Lines 8 through 21)	Atta						_		\vdash		00		
23						17675	_			35000	00		
24. Deduction for interest paid on student loans: (See Instructions) 24 00 00 25. Contributions to Intergenerational Trust: (See Instructions) 25 00 00 26. Moving expenses: (Attach Federal Form 3903) 26 00 00 27. Self-employed health insurance deduction: (See Instructions) 27 00 00 28. KEOGH and Self-employed SEP and Simple Plans: 28 00 00 29. Forfeited interest penalty for premature withdrawal: 29 00 00 30. Alimony/sep. maint. paid to: Name: SSN: 30 00 00 31. Border city exemption: (Attach Form AR - TX) 31 00 00 32. Support for permanently disabled individual: (Attach Form AR1000DC) 32 00 00 33. TOTAL ADJUSTMENTS: (Add Lines 23 through 32) 33 00 00 00 34. TOTAL ADJUSTMENTS: (Add Lines 23 through 32) 33 00 00 00 00 00 00 0	_					17073	_		-	33000	00		
25. Contributions to Intergenerational Trust: (See Instructions) 25 00 00 00							-		\vdash		00		
26 Moving expenses: (Attach Federal Form 3903) 26 00 00						•	_		\vdash	•	00		
27 Self-employed health insurance deduction: (See Instructions) 27 00 00							_		00		00		
31. Border city exemption: (Attach Form AR - TX) 31 ■ 00 ■ 00 ■ 32. Support for permanently disabled individual: (Attach Form AR1000DC) 32 00 00 00 33. TOTALADJUSTMENTS: (Add Lines 23 through 32) 33 ■ 00 ■ 00 ●	NTS	27.					00		00		00		
31. Border city exemption: (Attach Form AR - TX) 31 ■ 00 ■ 00 ■ 32. Support for permanently disabled individual: (Attach Form AR1000DC) 32 00 00 00 33. TOTALADJUSTMENTS: (Add Lines 23 through 32) 33 ■ 00 ■ 00 ●	Ĭ.	28.					_		00		00		
31. Border city exemption: (Attach Form AR - TX) 31 ■ 00 ■ 00 ■ 32. Support for permanently disabled individual: (Attach Form AR1000DC) 32 00 00 00 33. TOTALADJUSTMENTS: (Add Lines 23 through 32) 33 ■ 00 ■ 00 ●	UST	29.	Forfeited interest penalty for premature withdrawal:		29		00		00		00		
31. Border city exemption: (Attach Form AR - TX) 31 ■ 00 ■ 00 ■ 32. Support for permanently disabled individual: (Attach Form AR1000DC) 32 00 00 00 33. TOTALADJUSTMENTS: (Add Lines 23 through 32) 33 ■ 00 ■ 00 ●	Ą	30.	Alimony/sep. maint. paid to: Name:	SSN:	30		00		00		00		
33. TOTAL ADJUSTMENTS: (Add Lines 23 through 32)	-	31.				•	00	•	00	•	00		
		32.					-		00		00		
124 AD ILISTED CROSS INCOME: (Subtract Line 22 from Line 22) 34 A 17675 100 22675 100 35000		33.					_		-		00		
Page NR1 (R 08/04)	_	34.	ADJUSTED GROSS INCOME: (Subtract Line 33 from Line	22)	34	• 17675	00	22675	00	• 35000	00		

							(A) Your/Total Income			(B)	Spouse Incon Status 4 Only	
	35.	ADJUSTED GROSS INCOME	E: (From Line 34, Colum	nns A and B, Page NF	₹1)	35	17675	00	35		22675	
	36.	Select tax table: (Check the ap	•		•	F			1			T
		● LOW INCOME	Table 1	REGULAR Tab	le 2							
Z		If you qualify for the Low Income	e Tax Table, enter zero	(0) on Line 36A. If not	t, then:							
TIO		Enter • X Itemize	d Deductions (See it	temized deduction sc	chedule, Line 28)							
COMPUTATION		the larger OR										
ОМР			rd Deduction (See S		,		4785	_	-		6090	$\overline{}$
TAX C	37.	NET TAXABLE INCOME: (Sub					12890	_	-		16585	_
Ŧ	38.	Tax: (Enter tax from tax table)					356	_	_		523	_
	39.	Combined tax: (Add amounts fr		•							879	00
	40. 41.	Income Tax Surcharge: (Multiply Enter tax from Lump Sum Distri										00
	42.	IRA and qualified plan withdraw										00
	43.	TOTAL TAX: (Add Lines 39 th									905	
	44.	Personal Tax credit: (Enter total					80					- 100
	45.	State Political Contributions cre-						00	1			
s	46.	Other State Tax credit: [Attach a						00	1			
DIT	47.	Child care credit: (Attach Fed. F						00	1			
CREDITS	48	Credit for adoption expenses: (/	Attach Form 8839)			48 ●		00				
TAX	49.	Phenylketonuria Disorder credit				_		00]			
_	50.	Business and Incentive Tax cre-	•			_		00	J ,			
	51.	TOTAL CREDITS: (Add Line	- ,									00
	52.	NET TAX: (Subtract Line 51 fi		_					-		825	00
NOI	52A.	Enter the amount from Line 3 4	•				35000	00	-			
PRORATION		Enter the total amount from Lin Divide Line 52A by 52B: (See Ir					40350	00	J ,		07	7 %
PRO		APPORTIONED TAX LIABILIT									<u> </u>	_
_	53	Arkansas Income Tax withheld:					1900	_			7 10	, 100
	54.	Estimated tax paid or credit broad					1000	00	1			
PAYMENTS	55.	Payments made with extension						00	4			
YME	56.	Early childhood program: Certifi							1			
PA		(Attach Fed. Form 2441 or 1040	OA, Sch. 2 & Cert. Form	AR1000EC, 20% of F	ed. credit allowed).	56 ●		00				
	57.	TOTAL PAYMENTS: (Add L	ines 53 through 56)						57●		1900	00
	58.	AMOUNT OF OVERPAYM	ENT/REFUND: (If Line	e 57 is greater than L	ine 52D, enter differ	rence <u>)</u>			. 58 ●		1182	2 00
DUE	59.	Amount to be applied to 2005 e				-		00	_			
	60.	Amount of Checkoff Contributio	*	*		60●	100					
JR T	61.	AMOUNT TO BE REFUND								•	1082	_
REFUND OR TAX	62.	AMOUNT DUE: (If Line 57 is le				_	_	UE	62 ●	8		00
FU		Attach Form AR2210: Enter Exerplease attach your check or mo		-			00]					_
Z	020.	penalty (if applicable) due. Be s	-					JE 6	32C •			00
	63.	Amount of income not subject to			-		May the Ark			Reveni	ue 🗆 v	es
		,		,	2,		Agency discu	ss t	this re	turn w	ith 📙 '	
	D/ 5	ACC CICALUEDE					the preparer s	_				No •
E		ASE SIGN HERE: Under per ne best of my knowledge an										
PLEASE SIGN HER		mation of which preparer has	s any knowledge.	•	1		1= :		· · ·			
PLEASE IGN HEF	Your	Signature			Occupation		Date		H	ome Te	elephone:	
S	Spouse's Signature			Occupation		Date		1/4	Jork To	lephone:		
	βρυυ	ise's Signature			Occupation		Date		"	VOIN IC	ерноне.	
	Paid	Preparer's Signature			ID Number/Social S	Securit	ty Number		-	or Dep	artment Use C	Only
ĸ					•		,		_	\ \ \	•	
AID 'ARE	Prep	arer's Name			City/State/Zip					3 •	7	
PAID PREPARER							—					
ā	Addr	Address Telephone Number				r			\vdash	•		<u> </u>
			Mail REFUND returns	to: DFA State Inc	L come Tax, P. O. Box 1	1000. I	ittle Rock, AR 72203-	100	_ 	•	+	
2	M Ve	Mailing Information	Mail TAX DUE returns	to: DFA State Inc	come Tax, P. O. Box 2	2144, L	ittle Rock, AR 72203-	214	4.	_	+	
Mail NO TAX DUE returns to: DFA State Income Tax, P. O. Box 8026, Little Rock, AR 72203-80				୪02	:ö. F	•						

AR3 ARKANSAS INDIVIDUAL INCOME TAX RETURN Itemized Deduction Schedule

Name	Social Security Number	
TEST & CLEO CAESAR	400-00-	5510
MEDICAL AND DENTAL EXPENSES: [Do not include expense(s) paid by others]. (See Instructions	s)	
Medical and dental expenses:		
Enter amount from AR1000/AR1000NR, Line35A and 35B		=
3. Multiply Line 2 by 7.5% (.075)		
4. TOTAL MEDICAL EXPENSE: (Subtract Line 3 from Line 1; If Line 3 is more than Line 1, enter -0-)	4	> 00
TAXES: (See Instructions)		
5. Real estate tax:		-
6. Personal property tax or other taxes (Attach List):	6 <u>550</u> 00	
7. TOTAL TAXES: (Add Lines 5 and 6)	7	→ 1625 00
INTEREST EXPENSE: (See Instructions)		7
Home mortgage interest paid to financial institutions:	8 9000 00	<u>) </u>
Home mortgage interest paid to an individual:		
Name:		
Address:	· -	4
10. Deductible points:		4
11. Investment interest: (Attach Federal Form 4952)		<u> </u>
12. TOTAL INTEREST EXPENSE: (Add Lines 8 through 11)	12	→ 9000 00
CONTRIBUTIONS: (See Instructions)		7
13. Cash contributions:		-
14. Art and literary contributions: (See Instructions)		╡
15. Check-off contributions: (See Instructions)		
16. Other:		<u>]</u>
17. Carryover contributions from prior years:	_	
18. TOTAL CONTRIBUTIONS: (Add Lines 13 through 17)	18	≥ 250 00
CASUALTY AND THEFT LOSSES: (See Instructions)		
19. TOTAL CASUALTY AND THEFT LOSSES: (Attach Federal Form 4684)	19)	> 00
POST-SECONDARY EDUCATION TUITION DEDUCTION: (See Instructions)		
20. TOTAL POST-SECONDARY EDUCATION TUITION DEDUCTION: [Attach AR1075(s)]	20	> 00
MISCELLANEOUS DEDUCTIONS SUBJECT TO 2% AGI LIMIT: (See Instructions)	04	
21. Unreimbursed employment business expenses: (Attach Federal Form 2106)		4
22. Other Expenses: (List type and amount)	22 00	╡
23. Add the amounts on Lines 21 and 22. Enter the total.		<u>"</u>
24. Enter the amount from AR1000/AR1000NR, Line 35A and 35B		
25. Multiply Line 24 above by 2% (.02)		
26. TOTAL MISCELLANEOUS DEDUCTIONS: (Subtract Line 25 from Line 23; If Line 25 is more than L	ine 23, enter -0-) 26	- 00
OTHER MISCELLANEOUS DEDUCTIONS: (See Instructions) 27. TOTAL MISCELLANEOUS DEDUCTIONS NOT SUBJECT TO THE 2% AGU IMITATION. (Attach li	iet) 07	→
27. TOTAL MISCELLANEOUS DEDUCTIONS NOT SUBJECT TO THE 2% AGI LIMITATION. (Attach li TOTAL ITEMIZED DEDUCTIONS:	sy27 ,	
28. If the amount on AR1000/AR1000NR, Line 35A and 35B is \$142,700 or less (\$71,350 if married		
filing separately on separate returns), add Lines 4, 7, 12, 18, 19, 20, 26 and 27. Enter the total here.		
If the amount on AR1000/AR1000NR, Line 35A and 35B is over \$142,700 (\$71,350 if married filing s	enarately on	
separate returns), see worksheet in the instructions to calculate the allowable amount to enter. Enter	' '	
IF YOU CHECKED FILING STATUS 1, 2, 3 OR 6, enter the allowable amount here and on AR1000/.		→ 10875 00
Note: Complete lines 29 through 33 ONLY if you and	YOUR	SPOUSE'S
your spouse are using Filing Status 4 or 5.	Adjusted Gross Income	Adjusted Gross Income
Jour spouse are using rining otatus 7 or or	Line 35, Column A	Line 35, Column B
29. Enter the adjusted gross income from AR1000/AR1000NR Line 35, Columns A and B here 29A	17675 00 29	9B <u>22675</u> 00
30. Total Arkansas adjusted gross income, add columns 29A and 29B from above and enter here	30	40350
31. Divide the amount on Line 29A by the amount on Line 30. Enter the percentage here.	3 [,]	1 44 %
32. Multiply Line 28 by the percentage on Line 31. Enter here and on AR1000/AR1000NR, Line 36, Col.	A (YOU) 32	2 4785 00
33. Subtract Line 32 from Line 28. Enter here and on AR1000/AR1000NR, Line 36, Col. B. If you and your spouse are using Filing status 5, enter this amount on Line 36, Col. A of your spouse's	s return (SPOUSE) 33	6090 00

AR1000D

STATE OF ARKANSAS CAPITAL GAINS SCHEDULE INDIVIDUAL INCOME TAX RETURN

Name Social Security Number TEST J & CLEO CAESAR 400-00-5510

STATE TAX DEPRECIATION PROVISION UNAFFECTED BY NEW FEDERAL LAW

Arkansas has not adopted the depreciation provisions contained in the Job Creation Workers Act of 2002 and the Jobs and Growth Tax Relief Reconciliation Act of 2003.

While the new depreciation provisions may be used for federal returns, Arkansas operates under a different tax code. On Arkansas income tax returns, taxpayers must file following the rules in sections 167, 168, 179, and 179A under the Internal Revenue Code of 1986, enacted January 1, 1999.

Arkansas does not recognize the 50% bonus depreciation or the increased Section 179 expense provisions, therefore there may be differences in the Arkansas and the federal basis of assets that you dispose of during the year. These and any other differences should be reconciled using the adjustment lines in the worksheet below.

You can find more information about Arkansas tax code, or file your income tax electronically, by visiting the Department of Finance and Administration web site at www.arkansas.gov/dfa

Complete this worksheet if you have a CAPITAL GAIN OR LOSS reported on Federal Schedule D, or if Sch. D is not required, a gain reported on Federal Form 1040, Line 13.

Adjust your gains and losses for any differences in the federal and Arkansas amounts using Lines 2, 5 and 10.

Attach this schedule to your return.

		(A) Per Federal Sch	(B) You	(C) Your Spouse			
1.	Enter Federal Long-Term Capital Gain or Loss reported on Line 15,						
	Federal Schedule D or Form 1040, Line 13 1	-3,000	00	-1,500	00	-1,500	00
2.	Enter adjustment, if any, for differences in federal and state						
	amounts.		. 2		00		00
3.	Arkansas Long-Term Capital Gain or Loss, add (or subtract) Line 1 and	nd Line 2	. 3	-1,500	00	-1,500	00
4.	Enter Federal Net Short-Term Capital Loss, if any, reported						
	on Line 7, Federal Schedule D 4	3,000	00	1,500	00	1,500	00
5.	Enter adjustment, if any, for differences in federal and state						
	amounts.		. 5		00		00
6.	Arkansas Net Short-Term Capital Loss, add (or subtract) Line 4 and L	ine 5	. 6	-1,500	00	-1,500	00
7.	Arkansas Net Capital Gain or Loss (If gain, subtract Line 6 from 3. If lo	oss add Lines 6 and 3) .	. 7	-3,000	00	-3,000	00
8.	Arkansas Taxable Amount, if a Gain multiply Line 7 by 70 percent (.70), otherwise enter Loss.	8	-3,000	00	-3,000	00
9.	Enter Federal Short-Term Capital Gain, if any, reported on						
	Line 7, Federal Schedule D		00		00		00
10.	Enter adjustment, if any, for differences in federal and state						
	amounts.		10		00		00
11.	Arkansas Short-Term Capital Gain, add (or subtract) Line 9 and Line	10	11		00		00
12.	Total taxable Arkansas Capital Gain or Loss, add Lines 8 and 11, enter	er here					
AD1000	and on Line 15, AR1000/AR1000NR		12	-3,000	00	-3,000	00

AR1000-CO

STATE OF ARKANSAS SCHEDULE OF CHECK-OFF CONTRIBUTIONS

INDIVIDUAL INCOME TAX RETURN

ATTACH AS THE SECOND PAGE OF YOUR RETURN

NAM	E				TEST	J CA	ESA	R			SSN	400-00	-5510
SPO	USE'S N	IAME:	:			CLEC	CAE	ESAR			SSN:	400-00	-5520
ADDI	RESS_	· · · · · · · · ·			15 IDE	S OI	= MAI	RCH PKW	/Y				
CITY					ROME			· · · · · · · · · · · · · · · · · · ·	s	ΓΑΤΕ	AR	ZIP	71655
											ach check-off ole dollar a		provided. Total only.
contri contri AR10 contri	ibution. I ibute will 000S or ibution w	Enter reduif the rill not	the amour ce your re amount ir be recogn	nt in Bo efund b n Box (nized ar	ox 6 on Ling by a correst is not er and the amo	e 60 o spondi itered ount w	f the A ng am on Lir ill be re	R1000/AR10 nount. If this ne 60 of the efunded to y	000NR of schedul AR1000 ou.	Line 26 e is not AR1000 ule and s	of the AR100 attached to y NR or Line 2 submit a sepa	OS. The to rour AR100 26 of the Arrate check	ng a check-ofital amount you 00/AR1000NR/NR1000S, your for the amount
	ur check 3-3628	-off co	ontribution	s. Mai	I to: Arkaı	nsas li	ndividu	ıal Income T	ax - Acc	ounting E	Branch, P.O. E	3628, I	Little Rock, AR
1. A	RKANS	AS D	ISASTE	R REI	LIEF PRO	GRA	М				CLS 116	2 • \$	100
[] \$1	[] \$5	[] \$10	[x]	100 Write in Amount	_ [] <u>You</u>	ır Total Refun	<u></u>	
2. U	.S. OLY	MPI	с сомм	ITTEI	E PROGR	RAM.					CLS 114	5 • \$	
[] \$1	[ır Total Refun		
3. A	RKANS	AS S	CHOOL	FOR '	THE BLI	ND/S	СНОС	L FOR TH	IE DEA	F	CLS 116	4 • \$	
[] \$1	[] \$5	[] \$10	[]	Write in Amount	_ [] <u>You</u>	ır Total Refun	<u>d</u>	
4. B	ABY SH	IARC	N'S CHI	ILDRE	N'S CAT	ASTE	ROPH	IC ILLNES	SS PRO	GRAM.	CLS 114	4 • \$	
] \$10						ır Total Refun		
5. O	RGAN I	DON	OR AWA	RENE	SS EDU	CATIO	ON PI	ROGRAM.			CLS 114	6 • \$	
[] \$1	[] \$5	[] \$10	[]	Write in Amount	_ [] <u>You</u>	ır Total Refun	<u></u>	
6. T	OTAL C	HEC	K-OFF C	ONTE	RIBUTIO	NS						s	100

ARKANSAS TEST CASE # 11

FORMS REQU	UIRED: AR1000N, W-2(S)		
OTHER:			
THIRD PART	Y DESIGNEE: YES		
TAXPAYER:	NAME: TEST N BLOWNAPART OCCUPATION: WELDER DISABLED: NO	DOB: 11/22/1982 BLIND: NO	
SPOUSE:	NAME: DOB: OCCUPATION: DISABLED:	SSN: BLIND:	DEAF:
ADDRESS:			
FILING STAT	US:		
DEPENDENT((S): NAME	AGE	RELATIONSHIP
INTEREST IN	COME:		
DIVIDEND IN	COME:		
DIRECT DEPOBLANK NAME: RTN: ACCOUNT NUTYPE:	:		

a Control number		OMB No. 15	545-0008		accurate, ! Use	IRS E	1		isit the IRS t www.irs. ç	
b Employer identification number	38-	-1425364		1 W	ages, tips,	other comp	ensation	2 Fede	ral income t	tax withheld
c Employer's name, address, and BONDO MAGIC COMPA				3 Sc	ocial secu 10	rity wages	3	4 Socia	al security to 670	
ONE PLUS ONE DRIVE NAPOLEON AR 71655	(IVI			5 M	edicare w	ages and	tips	6 Medi	care tax wit	
WAT GEEGIVAN 71033				7 Sc	ocial secu	rity tips		8 Alloca	ated tips	
d Employee's social security number		00-00-5511		9 Ad	dvance El	C paymen	t	10 Depe	ndent care	benefits
e Employee's first name and initia	Last name			11 N	onqualified	d plans		12a See i	nstructions	for box 12
TEST N BLOWNAPART				13 Statu	tory Re	etirement	Third-party sick pay	12b		
781 WATERLOO WAY					j F	Ī		o d		
NAPOLEON AR 71655				14 0	ther			12c		
								12d C O d e		
f Employee's address and ZIP co	de									
15 State Employer's state ID num AR 38-142536		ate wages, tips, etc.	17 State incon 700	ne tax	18 Loca	ıl wages, tip	os, etc.	19 Local inco	ome tax	20 Locality name
38-142536	4									

Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.

a Control number		OMB No. 15	545-0008	Safe, a	accurate, Use	IRS	»fi	Ð		isit the IRS t www.irs. ç	
b Employer identification number	38	-3838196		1 Wa	ages, tips, o	other com	pensation	2	Feder	ral income t	ax withheld
c Employer's name, address, and	ZIP code			3 Sc	ocial secur 11	ity wage	S	4	Social	l security to 713	ax withheld
WELDERS R WE 8888 CORKSCREW CIR NAPOLEON AR 71655	CLE			5 Me	edicare wa	ages and	tips	6	Medic	care tax wit	hheld
17,11 022017,110 7 1000				7 Sc	ocial secur	ity tips		8	Alloca	ated tips	
d Employee's social security num		00-00-5511		9 Ac	dvance EIC	C paymei	nt	10	Deper	ndent care	benefits
e Employee's first name and initia	l Last name			11 No	onqualified	l plans		C	See in	nstructions	for box 12
TEST N BLOWNAPART				Ctatut	ton, Bot	tirement	Third-party	d e			
781 WATERLOO WAY				13 Statut	byee plai		sick pay	12b	l		
NAPOLEON AR 71655				14 Ot	her			12c			
				14 00				C a			
								12d			
f Employee's address and ZIP co	de										
15 State Employer's state ID nun MI 38-383819		ate wages, tips, etc.	17 State incom 805		18 Local	l wages, t	ips, etc.	19 Loc	al inco	ome tax	20 Locality name
38-383819	6										

W-2 Wage and Tax Statement



Department of the Treasury-Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.

2004 AR1000NR ARKANSAS INDIVIDUAL INCOME TAX RETURN Nonresident and Part Year Resident Dept. Use Only

	V
_	

Jan	1 - D	ec 31, 2004 or fiscal year ending , 20 •			•					
	FIRS	T NAME(S) AND INITIAL(S) (List both if applicable)	LAST NAME(S	S) (See Instruction	ons)	YC	OUR SOCIAL SECU	RITY	NUMBER	
	•	TEST N	BLOWN	NAPART		•	400-00)-5	511	
L 7PE	PRE	SENT ADDRESS - NUMBER AND STREET, APARTMENT (DR RURAL ROI	UTE		SPO	OUSE SOCIAL SEC	URI	TY NUMBER	
ABE R.T.		781 WATERLOO								
USE LABEL	CITY	TOWN OR POST OFFICE, STATE AND ZIP CODE	****			Ť			Van Miles	_
SIN	CITY		71655			IIV	IPORTANT!	A	You MUST enter your	
•	•	NAPOLEON AR	7 1000			•••	ıı Oktalı.	<u>``</u> s	SSN(s) abo	ve
	ATT	ACH A COPY OF YOUR COMPLETE FEDERAL RETURN	NONRESIDENT: (L	ist State of residence)	PAR	T YEAR RESIDENT: (Time	of res	sidency in AR)	
	1. •	SINGLE (Or widowed before 2004 or divorced at end of	: 2004)		PDIED EII ING 9	EDΔ	RATELY ON THE SA	\ \ \ \	DETLIDN	
S Box	1. •	SINGLE (OF WILDOWER BEIOTE 2004 OF GIVOICER AT EITH OF	2004)		(INIED I IEINO		IVAILLI ON IIIL O	~IVIL	INLIGINI	
FILING STATUS Check Only One Box	2. ●	MARRIED FILING JOINT (Even if only one had income,)	5. ● 🔲 MAF	RRIED FILING S	EPA	RATELY ON DIFFER	REN	TRETURNS	
ST,	3 •	HEAD OF HOUSEHOLD (See Instructions)		Ente	ar enousea's nam	a har	e and SSN above			
NI W	J. •	TIEAD OF FIOOSEFIOED (See Instructions)			si spouses nam	C HCH	e and SSIN above _			
File		If the qualifying person is your child but not your dependent	ent,				R) with dependent cl	nild.		
0		enter this child's name here:			r spouse died:(S		/			
	HAV	E YOU FILED A FEDERAL EXTENSION? Check the Federal F	is box if you hav	re filed an autom 4868. (See Instr.	atic • Che	ck this	s box if you have an a to file, Federal Form	268	roved additio	nal
_	7A	¥ YOURSELF ● 65 or OVER ● 65 SPECIAL		• DEAF			DUSEHOLD/	T	o. (ocoo)	\Box
<u>T</u>	,,,,			<u>—</u>			WIDOW(ER)			
CREDITS		☐ SPOUSE • ☐ 65 or OVER • ☐ 65 SPECIAL	● ☐ BLIND	● ☐ DEAF						
	7B	First name(s) of dependents: (Do not list yourself or spouse)	Multiply	number of boxes	chacked from Li	7A	1 X \$20 =		20	00
ANO	70.		Multiply	number of depen	dents from Line	/B	• □ X \$20 =	\vdash		00
PERSONAL	7C.	First name of developmentally disabled individual(s): (See Inst	r.) Multiply	number of develo	pmentally disabl	ed		\vdash		\top
₫	7D T	OTAL PERSONAL CREDITS: (Add Lines 7A, 7B and 7C. E	individua nter total here ar	als from Line 7C . ad on I ine 44)			● □ X \$500=	-	20	00
_	70.1	OTALL ELOCITATE GIVEDITO. (Had Ellios IVI, I'B dila 10. El	nor total fiere al	id on Line 11)	(A) Your/Tot		(B) Spouse Income	. (C) Arkansa	
_		ROUND ALL INCOME FIGURES TO WHOLE DOL	_		Income		Status 4 Only	<u>`</u>	Income 0	
m(s	8.	Wages, salaries, tips, etc.:		8	2230	_		0	10800	00
For	9A.	U. S. military compensation pay: (Yourfjoint gross amt.)		00 \$6,000 9A		00				00
099	9B.	U. S. military compensation pay: (Spouse gross amt.)		00 \$6,000 9B			0	0		00
-2/1	10.	Minister's income: Gross \$ Less rental va				00	0	0		00
N N	11.	Interest income: (If over \$1,500, attach page AR4)				00	<u> </u>	+		00
ck o	12.	Dividend income: (If over \$1,500, attach page AR4)				00	<u> </u>	-		00
che	13.	Alimony and separate maintenance received:				00		-		00
AE S	14.	Business or professional income: (Attach Federal Schedule	,			00		-		00
INCOME e / Place	15.	Capital gains/losses from stocks, bonds, etc.: (See Instr. Atta		*	•	00		-		00
7	16.	Other gains or (losses): (Attach Federal Form 4797)				00		-		00
s) h	17.	Non-Qualified IRA distributions and taxable annuities:				00	0	0		00
Ē.	18A.	Your/Joint Employer pension plan/Qualified IRA: (See Impo								
9 Fc	10D	Gross Distribution • 00 Taxable Amount • Spouse Employer pension plan/Qualified IRA: (Filing Status 4		00 \$6,000 18A		00		+		00
109	IOD.	Gross Distribution • 00 Taxable Amount •		00 Less \$6,00018B			₀	ار		00
W-2	19.	Rents, royalties, partnerships, estates, trusts, etc.: (Attach Fe		,		00	0	-		00
ach	20.	Farm Income: (Attach Federal Schedule F)				00	0	4		00
Att	21.	Other income: (List type and amount. See Instructions)				00	0			00
	22.	TOTAL INCOME: (Add Lines 8 through 21)			• 2230	00	• 0	0 •	10800	00
	23.	Payments to IRA and MSA: (See Instructions)				00	0	0		00
	24.	Deduction for interest paid on student loans:(See Instruction	s)	24		00	0	0		00
	25.	Contributions to Intergenerational Trust: (See Instructions) \dots		25	•	00	• 0	0 •		00
ω.	26.	Moving expenses: (Attach Federal Form 3903)				00	0	0		00
ENTS	27.	Self-employed health insurance deduction: (See Instructions				00	0	0		00
Σ	28.	KEOGH and Self-employed SEP and Simple Plans:				00	0	-		00
ADJUSTM	29.	Forfeited interest penalty for premature withdrawal:				00	0	-		00
AD	30.	Alimony/sep. maint. paid to: Name:				00		4		00
	31.	Border city exemption: (Attach Form AR - TX)			•	00	 	0 •		00
	32.	Support for permanently disabled individual: (Attach Form Al				00		4		00
	33.	TOTAL ADJUSTMENTS: (Add Lines 23 through 32)				00		0 •	10000	00
	34.	ADJUSTED GROSS INCOME: (Subtract Line 33 from Line 308/04)	<i>44)</i>	34	• 22300	00	<u> </u>	0	10800	00

							(A) Your/Total Income			(B)	Spouse Inco	
	35.	ADJUSTED GROSS INCOME	: (From Line 34, Columr	ns A and B. Page NF	R1)	. 35	22300	00	35		Status 4 On	00
	36.	Select tax table: (Check the app	•	, i g	,			<u> </u>				+
		● □ LOW INCOME	· · · · · · · · _	REGULAR Tab	le 2							
z		If you qualify for the Low Income	e Tax Table, enter zero (0)) on Line 36A. If not	t, then:							
)		Enter • Itemized	d Deductions (See ite	emized deduction sc	hedule, Line 28)							
TAX COMPUTATION		the larger OR										
M		·	d Deduction (See Sta			_	2000	-				00
×	37.	NET TAXABLE INCOME: (Subt					20300	-	1			00
ž	38.	Tax: (Enter tax from tax table)					743				7.4	00
	39.	Combined tax: (Add amounts fro		,								3 00
	40. 41.	Income Tax Surcharge: (Multiply Enter tax from Lump Sum Distrib										00
	42.	IRA and qualified plan withdrawa										00
	43.	TOTAL TAX: (Add Lines 39 th	. , .	•							76	5 00
	44.	Personal Tax credit: (Enter total						00				
	45.	State Political Contributions cred						00				
Ø	46.	Other State Tax credit: [Attach a	copy of other state tax r	etum(s)]		. 46 ●		00				
CREDITS	47.	Child care credit: (Attach Fed. Fed. Fed. Fed. Fed. Fed. Fed. Fed.	orm 2441 or 1040A, Sch	n. 2, 20% of Federal	credit allowed)	. 47 ●		00				
CRE	48	Credit for adoption expenses: (A	,					00				
TAX	49.	Phenylketonuria Disorder credit:						00				
•	50.	Business and Incentive Tax cred	•	,				00	Ι,			
	51.	TOTAL CREDITS: (Add Lines	• ,									00
_	52.	NET TAX: (Subtract Line 51 fr						00	.52.●			5 00
PRORATION		Enter the amount from Line 34 Enter the total amount from Line					10800 22300	00				
JRA.		Divide Line 52A by 52B: (See In							Ι.		4	8 %
PR		APPORTIONED TAX LIABILITY										8 00
	53	Arkansas Income Tax withheld:					700	$\overline{}$				
Ø	54.	Estimated tax paid or credit brou	ught forward from last ye	ar:		. 54 ●		00				
PAYMENTS	55.	Payments made with extension:	: (See Instructions)			. 55 ●		00				
Α¥	56.	Early childhood program: Certific				.						
۵		(Attach Fed. Form 2441 or 1040)						00				
	57.	TOTAL PAYMENTS: (Add Li										00
ш	58.	Amount of overpayme Amount to be applied to 2005 es						$\overline{}$			34	2 00
DOE	59. 60.	Amount of Checkoff Contribution				.60		00	l .			
¥	61.	AMOUNT TO BE REFUND	•	,	om I ine 58)	```	REFU	00		\odot	24	2 00
REFUND OR TAX	62.	AMOUNT DUE: (If Line 57 is les								_		00
Š	62A.	Attach Form AR2210: Enter Exc					00					
REF	62C.	Please attach your check or mor	ney order, made out to "	Dept. of Finance and	d Administration", fo	or the ta	ax and					
		penalty (if applicable) due. Be su	ure to write your Social S	Security Number on y	your check:		TOTAL DI	JE 6	32C ●			00
	63.	Amount of income not subject to	Arkansas tax from AR4	, Part III: (Memoran	dum only)		May the Arl				101	Yes
							Agency discu				WIUI	No
		ASE SIGN HERE: Under pe									•	
ii ERE		ne best of my knowledge and mation of which preparer has		e, correct and co	mplete. Declarati	ion of	preparer (other t	han	taxp	ayer)	is based or	n all
PLEASE SIGN HERE	_	Signature	dily fallottiougol		Occupation		Date		Н	ome -	Telephone:	
2 S												
	Spou	ise's Signature			Occupation		Date		W	ork T	elephone:	
	5	D 1 0: /			10.11 1 10 11	0 "			-	or Do	partment Use	Only
	Paid	Preparer's Signature			ID Number/Social	Securit	y Number			$\overline{}$	epartment Use	Cally
O. REF	Pren	arer's Name			City/State/Zip				A		- ' -	
PAID PREPARER	eb	aror o radillo			51.5, 544.6, Zip				\vdash	3 •		1
<u>E</u>	Addr	ess			Telephone Numbe	er			⊢	;●		
					L	1005 :		167	.) •	\longrightarrow	
>		lailing Information	Mail REFUND returns to Mail TAX DUE returns to				ittle Rock, AR 72203. ittle Rock, AR 72203			•	\longrightarrow	
<i>ا</i>	~		Mail NO TAX DUE retu							•		

ARKANSAS TEST CASE # 12

FORMS REQU	JIRED: AR1000N, 1099R		
OTHER:			
THIRD PART	Y DESIGNEE: NO		
TAXPAYER:	NAME: TEST P BARRELL OCCUPATION: RETIRED DISABLED: NO	DOB: 12/31/1940 BLIND: NO	SSN: 400-00-5512 DEAF: NO
SPOUSE:	NAME: WATER BARRELL OCCUPATION: RETIRED DISABLED: NO	DOB: 01/01/1939 BLIND: NO	SSN: 400-00-5522 DEAF: NO
ADDRESS:	25000 HAM & BACON JUNCTION PIG TOWN, AR 71655		
FILING STAT	US: MARRIED FILING JOINT		
DEPENDENT((S): NAME	AGE	RELATIONSHIP
INTEREST IN	COME:		
DIVIDEND IN	COME:		
DIRECT DEPO BANK NAME: RTN: ACCOUNT NU TYPE:	:		

		ECTI	ED (if checke	d)			_	
PAYER'S name, street address, STATE OF ARKANSAS F 111 TRAILER PARK RD PIG TOWN AR 71655	city, state, and ZIP code	1	Gross distribut 15000 Taxable amour	ion		1B No. 1545-0119	_	Distributions From nsions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance
		\$			F	orm 1099-R		Contracts, etc.
		2k	Taxable amour not determined			Total distributio	n 🗌	Copy B Report this
PAYER'S Federal identification number	RECIPIENT'S identification number	3	Capital gain (in in box 2a)	cluded	4	Federal income withheld	e tax	income on your Federal tax return. If this
01-1234567	400-00-5512	\$			\$			form shows Federal income
RECIPIENT'S name		5	Employee contr or insurance pre		6	Net unrealized appreciation in employer's sec		tax withheld in box 4, attach this copy to
TEST P BARRELL		\$			\$			your return.
Street address (including apt. no	0.)	7	Distribution code(s)	IRA/ SEP/	8	Other		This information is
25000 HAM AND BACO	N JUNCTION		.,,	SIMPLE	\$		%	being furnished to
City, state, and ZIP code PIG TOWN AR 71655		9a	Your percentage distribution	of total %	9b \$	Total employee con	tributions	Revenue Service.
Account number (optional)		10	State tax withhe	eld	11	State/Payer's s	tate no.	12 State distribution
		\$				AR 01-1234	 567	\$ 10000
		13	Local tax withhe	eld	14	Name of localit	У	15 Local distribution
		\$						<u> \$</u> \$
		ıΨ			1			ĮΨ

Form **1099-R**

Department of the Treasury - Internal Revenue Service

	☐ CORR	ECTI	ED (if checke	d)				
PAYER'S name, street address,	city, state, and ZIP code	1	Gross distributi	ion	ON	1B No. 1545-0119		istributions From
OUR SHARE BANK AND 72 MARKET PLACE PIG TOWN AR 71655	TRUST	\$ 2a \$	5500 Taxable amoun 5500	nt		20 04	Pe	nsions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		21	Taxable amoun			Total distributio	n \square	Copy B
PAYER'S Federal identification number	RECIPIENT'S identification number	3	Capital gain (in in box 2a)	cluded	4	Federal income withheld	tax	Report this income on your Federal tax return. If this
52-7754541	400005522	\$			\$			form shows Federal income
RECIPIENT'S name		5	Employee contri or insurance pre		6	Net unrealized appreciation in employer's sec	urities	tax withheld in box 4, attach this copy to
WATER BARRELL		\$			\$			your return.
Street address (including apt. no	o.)	7	Distribution code(s)	IRA/ SEP/	8	Other		This information is
25000 HAM AND BACON	N JUNCTION		7	SIMPLE	\$		%	being furnished to
City, state, and ZIP code PIG TOWN AR 71655		9a	Your percentage distribution	of total %	9b \$	Total employee con	tributions	Revenue Service.
Account number (optional)			State tax withhe	eld	11	State/Payer's s		12 State distribution \$5500
		\$				AR 52-7754	1541	\$ 5500 \$
		13	Local tax withhe	eld	14	Name of localit	у	15 Local distribution
		\$			ļ			[\$ \$

Form **1099-R**

Department of the Treasury - Internal Revenue Service

		ECTI	ED (if checke	d)				
PAYER'S name, street address	, city, state, and ZIP code	1	Gross distribut	ion	ON	1B No. 1545-0119		istributions From
OUR SHARE BANK AND 72 MARKET PLACE PIG TOWN AR 71655	TRUST	\$ 2a \$	12500 Taxable amour 12500	nt		20 04	Pe	nsions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
			Taxable amour			Total distribution	n 🗌	Copy B Report this
PAYER'S Federal identification number	RECIPIENT'S identification number	3	Capital gain (in in box 2a)	cluded	4	Federal income withheld	tax	income on your Federal tax return. If this
52-7754541	400005512	\$			\$	1		form shows Federal income
RECIPIENT'S name TEST P BARRELL		5	Employee contri or insurance pre		6	Net unrealized appreciation in employer's sec		tax withheld in box 4, attach this copy to your return.
TEOTT BARRELL		\$			\$			your return.
Street address (including apt. n	•	7	Distribution code(s)	IRA/ SEP/	8	Other		This information is
25000 HAM AND BACO	N JUNCTION		1′	SIMPLE	\$		%	being furnished to
City, state, and ZIP code PIG TOWN AR 71655		9a	Your percentage distribution	of total %	9b \$	Total employee con	tributions	Revenue Service.
Account number (optional)		10	State tax withhe	eld	11	State/Payer's s		12 State distribution 10000
		\$			ļ	AR 52-7754	1541	\$ 10000 \$
		13	Local tax withhe	eld	14	Name of localit	y	15 Local distribution
		\$					-	\$
		2, 1						l \$

Form **1099-R**

Department of the Treasury - Internal Revenue Service

2004 AR1000RR ARKANSAS INDIVIDUAL INCOME TAX RETURN Nonresident and Part Year Resident Dept. Use Only

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Jan	1 - D	ec 31, 2004 or fiscal year ending , 20 ●			•							
	FIRS	ST NAME(S) AND INITIAL(S) (List both if applicable)	LAST NAME(S	S) (See Instruction	ons)	YC	UR S	OCIAL SECURI	TY NUMBER			
	•	• TEST P & WATER • BARRELL						400-00-	5512			
. Ш						SPOUSE SOCIAL SECURITY NUMBER						
BEL	PKE	PRESENT ADDRESS - NUMBER AND STREET, APARTMENT OR RURAL ROUTE										
A R	• 25000 HAM & BACON JUNCTION					•		400-00	-5522			
USE LABEL	CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE								You MUS			
_ K	PIG TOWN AR 71655					IMPORTANT! A enter your SSN(s) above						
	NONDESIDENT: // ist State of recidence)			e)	PAR ¹	ΓYEAR	RESIDENT: (Time of		ove			
	ATT	ACH A COPY OF YOUR COMPLETE FEDERAL RETURN	,		,	PART YEAR RESIDENT: (Time of residency in AR)						
ŏ	1. ● ☐ SINGLE (Or widowed before 2004 or divorced at end of 2004) 4. ● ☐ MAI			RRIED FILING	SEPA	RATE	LY ON THE SAN	ME RETURN				
TATUS One B	2. •	2. ● X MARRIED FILING JOINT (Even if only one had income) 5. ● MARRIED			RRIED FILING S	SEPA	RATE	LY ON DIFFERE	ENT RETURN	S		
FILING STATUS Check Only One Box	3. ●	8. ● ☐ HEAD OF HOUSEHOLD (See Instructions) Enter spouse's nam				ne here and SSN above						
						DOW(ER) with dependent child.						
		enter this child's name here: Year spouse died:(See Instructions) Check this box if you have filed an automatic Check this box if you have an approved additional								tional		
		Federal I	Extension Form	4868. (See Instr	exte	nsion	to file	, Federal Form 2	688. (See Inst	r.)		
S	7A.	▼ YOURSELF • ☐ 65 or OVER • ☐ 65 SPECIAL	● ∐ BLIND	• DEAF	☐ HEAD C			-				
CREDITS		■ SPOUSE ■ ■ 65 or OVER ■ 65 SPECIAL	● ☐ BLIND	● □ DEAF	QUALIF	YING	WIDC	JVV(ER)				
2							r	<u> </u>	00			
MAL	7B.	First name(s) of dependents: (Do not list yourself or spouse)	Multiply	number of boxes number of depen	checked from Li	ne 7A		3 X \$20 = X \$20 =	60	00		
PERSONAL	7C.	First name of developmentally disabled individual(s): (See Insi	fr.) Multiply	number of develo			• L			00		
Ä			individua	als from Line 7C			• [X \$500=		00		
	7D.1	TOTAL PERSONAL CREDITS: (Add Lines 7A, 7B and 7C. El	nter total here ar	nd on Line 44)				7D		00		
		ROUND ALL INCOME FIGURES TO WHOLE DOL	I ARS		(A) Your/Tot			Spouse Income Status 4 Only	(C) Arkans			
(s)	8.	Wages, salaries, tips, etc.:	_	8		100		00		00		
er e		U. S. military compensation pay: (Your/joint gross amt.)		00 Less 9A		00		00		00		
F		U. S. military compensation pay: (<i>Spouse gross amt.</i>)		00 \$6,000 9A 00 \$6,000 9B		100		00		00		
106	10.	Minister's income: Gross \$ Less rental v.	alue \$	10 \$6,000 10		00		00		00		
W-2	11.	Interest income: (If over \$1,500, attach page AR4)				00		00		00		
9	12.	Dividend income: (If over \$1,500, attach page AR4)				00		00		00		
eck	13.	Alimony and separate maintenance received:				00	_	00		00		
'	14.	Business or professional income: (Attach Federal Schedule				00		00		00		
INCOME e / Place	15.	Capital gains/losses from stocks, bonds, etc.: (See Instr. Atta	· · · · · · · · · · · · · · · · · · ·		•	00	_	00		00		
Š Z	16.	Other gains or (losses): (Attach Federal Form 4797)		,		00	-	00		00		
her	17.	Non-Qualified IRA distributions and taxable annuities:			1250	0 00		00	10000	00		
(s)		Your/Joint Employer pension plan/Qualified IRA: (See Impo										
ē		Gross Distribution • 20500 00 Taxable Amount •	20500	00 \$6,00018A	900	0 00			4000	00		
66	18B.	Spouse Employer pension plan/Qualified IRA: (Filing Status 4		μ, φο,σσσ						\neg		
2/10		Gross Distribution • 00 Taxable Amount •		00 Less \$6,00018B				00		00		
Š	19.	Rents, royalties, partnerships, estates, trusts, etc.: (Attach Fe				00		00		00		
tach	20.	Farm Income: (Attach Federal Schedule F)		20		00		00		00		
Att	21.	Other income: (List type and amount. See Instructions)		21		00		00		00		
	22.	TOTAL INCOME: (Add Lines 8 through 21)		22	• 2150	00	•	00	• 14000	00		
	23.	Payments to RA and MSA: (See Instructions)		23		00		00		00		
	24.	Deduction for interest paid on student loans:(See Instruction	s)	24		00		00		00		
	25.	Contributions to Intergenerational Trust: (See Instructions)		25	•	00	•	00	•	00		
	26.	Moving expenses: (Attach Federal Form 3903)		26		00		00		00		
Z,	27.	Self-employed health insurance deduction: (See Instructions	s)	27		00		00		00		
Ĭ	28.	KEOGH and Self-employed SEP and Simple Plans:		28		00		00		00		
ADJUSTMENTS	29.	Forfeited interest penalty for premature withdrawal:		29		00		00		00		
	30.	Alimony/sep. maint. paid to: Name:	SSN:	30		00		00		00		
	31.	Border city exemption: (Attach Form AR - TX)		31	•	00	•	00	•	00		
	32.	Support for permanently disabled individual: (Attach Form A	R1000DC)	32		00	$ldsymbol{ld}}}}}}$	00		00		
	33.	TOTAL ADJUSTMENTS: (Add Lines 23 through 32)			•	00		00		00		
	34	AD ILISTED GROSS INCOME: (Subtract Line 33 from Line	22)	34	2150	nol c		00	14000	00		

	1			(A) Your/Total			(B)	Spouse Inco	
					Income			(B)	Status 4 On	
	35.	ADJUSTED GROSS INCOME: (From Line 34, Columns A and B, Page NF	R1) 35	· 🗀	21500	00	35			00
	36.	Select tax table: (Check the appropriate box)								
		• LOW INCOME Table 1 REGULAR Tab	le 2							
z		If you qualify for the Low Income Tax Table, enter zero (0) on Line 36A. If not	t, then:							
TAX COMPUTATION		Enter • Itemized Deductions (See itemized deduction sc	hedule, Line 28)							
5		the larger OR								
Ā		of your: Standard Deduction (See Standard Deduction In	str., Line 36) 36	•	4000	00	36 ●			00
၀	37.	NET TAXABLE INCOME: (Subtract Line 36 from Line 35)	37	•	17500	00	37 ●			00
ξ	38.	Tax: (Enter tax from tax table)		_	575		•			00
•	39.	Combined tax: (Add amounts from Lines 38A and 38B and enter here)							57	<mark>'5</mark> 00
	40.	Income Tax Surcharge: (Multiply Line 39 by 3% (.03); TEXARKANA RESID								7 00
	41.	Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000								00
	42.	IRA and qualified plan withdrawal and overpayment penalties: (Attach Feder								00
	43.								59	00
	44.	Personal Tax credit: (Enter total from Line 7D, page NR1)			60					
	45.	State Political Contributions credit: (Attach schedule)				00	1			
	46.	Other State Tax credit: [Attach a copy of other state tax return(s)]		_		00	1			
ETS	47.	Child care credit: (Attach Fed. Form 2441 or 1040A, Sch. 2, 20% of Federal credit allowed) 47 •				00	i			
Æ	48	Credit for adoption expenses: (Attach Form 8839)				00	i			
TAX CREDITS	49.	Phenylketonuria Disorder credit: (See Instructions. Attach AR1113)				00	i			
¥	50.	Business and Incentive Tax credit: (Attach schedule and certificate)		_		00	i			
	51.	TOTAL CREDITS: (Add Lines 44 through 50)							6	00
	52.	NET TAX: (Subtract Line 51 from Line 43. If Line 51 is greater than Line 43.								2 00
z	52A.	Enter the amount from Line 34, Column C :	· · · · · · · · · · · · · · · · · · ·			00	-			
ě		Enter the total amount from Line 34, Columns A and B:				00				
PRORATION		Divide Line 52A by 52B: (See Instructions).			_1000		,		6	55 %
P.		APPORTIONED TAX LIABILITY: (Multiply Line 52 by Line 52C)								6 00
	53	Arkansas Income Tax withheld: (Attach State copies of W-2 Forms)				00				<u> </u>
"	54.	Estimated tax paid or credit brought forward from last year:				00	İ			
PAYMENTS	55.	Payments made with extension: (See Instructions)				00	İ			
Ž	56.	Early childhood program: Certification Number:					İ			
A		(Attach Fed. Form 2441 or 1040A, Sch. 2 & Cert. Form AR1000EC, 20% of F	ed. credit allowed). 56	•		00				
	57.	TOTAL PAYMENTS: (Add Lines 53 through 56)	· · · · · · · · · · · · · · · · · · ·				.57●			00
	58.	AMOUNT OF OVERPAYMENT/REFUND: (If Line 57 is greater than L								00
DUE	59.	Amount to be applied to 2005 estimated tax:	59	•		00] '			
	60.	Amount of Checkoff Contributions: (Attach Schedule AR1000-CO).				00	İ			
¥	61.	AMOUNT TO BE REFUNDED TO YOU: (Subtract Lines 59 and 60 fro						\odot		00
REFUND OR TAX	62.	AMOUNT DUE: (If Line 57 is less than Line 52D, enter difference; If over \$1	,000, see instructions)		TAX DU	JE	62 •	8	34	6 00
ξ	62A.	A. Attach Form AR2210: Enter Exception in box 62A Penalty 62B O O O O O O O O O O O O O								0 100
Ē		2. Please attach your check or money order, made out to "Dept. of Finance and Administration", for the tax and								
-		penalty (if applicable) due. Be sure to write your Social Security Number on your check:							34	6 00
	63.	Amount of income not subject to Arkansas tax from AR4, Part III: (Memoran	dum only)		May the Ark	ans	sas F	Reven		Yes
					Agency discus the preparer sl				/ith 📙	No
	DI E	ASE SIGN HEDE: Hudow monething of monitoring I dealers that I have a	aud this nature							
Щ		ASE SIGN HERE: Under penalties of perjury, I declare that I have endered be the source of the source								
ASE FE		mation of which preparer has any knowledge.								
PLEASE SIGN HER	Your	Signature	Occupation		Date		_ H	ome Te	elephone:	
_ 22	Spauso's Signature		Occupation		Dete			/aul. Ta	la mbana.	
	Spot	Spouse's Signature Occupation			Date		۱۷	vork le	elephone:	
	Doid	Droparor's Signatura	ID Number/Social Se	ourity / N	Jumber			or Den	artment Use	Only
PAID PREPARER	Pald	Preparer's Signature	ID Number/Social Ser	Curity i	Number				•	· · · · · ·
	Preparer's Name City/State/Zip					P	_			
EPA			Oity/State/Zip					3 •		
PR	Address Telephone Number							;●		
					[•				
\	3 =	Mail REFUND returns to: DFA State Inc	come Tax, P. O. Box 100					•		
Mailing Information Mail TAX DUE returns to: DFA State Income Tax, P. O. Box 2144, Little Rock, AR 72203-2 Mail NO TAX DUE returns to: DFA State Income Tax, P. O. Box 8026, Little Rock, AR 72203-2							4. ├-	•	\dashv	
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